1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within [illegible] hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10221 **CERTIFICATE OF DEATH** 10226

Dr. Gramse

Reg. Dist. No.

1. PLACE OF DEATH

COUNTY: Wicomico — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Salisbury — 12

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Pen. Gen. Hospital — 82

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Wicomico

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Salisbury — 12

STREET ADDRESS (If rural give location): 661 Fitzwater St — 1

3. NAME OF DECEASED (Type or Print): (First) HETTIE (Middle) (Unk) (Last) ADAMS

4. DATE OF DEATH (Month) Oct. (Day) 12 th (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: August 11, 1882

9. AGE last birthday: 73 yrs.

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work

10b. KIND OF BUSINESS OR INDUSTRY: at own Home

11. BIRTHPLACE (State or foreign country): R.D. # Salisbury, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Ennis

14. MOTHER'S MAIDEN NAME: Laura Murphy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. Carroll Adams (Son) Salisbury, Md. 7171 Roger St.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

DUE TO (B)

DUE TO (C)

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/9, 1954, to 10/12, 1955, That I last saw the deceased alive on 10/12, 1955, and that death occurred at 10:45 P.M. from the causes and on the date stated above.

SIGNATURE: F. R. Gramse, M.D. — ADDRESS (Street, city, town, state): S. Division St. Salisbury, Maryland — DATE SIGNED: Oct. 13 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: Oct. 14, 1955 — NAME OF CEMETERY OR CREMATORY: Shad Point Cemetery — LOCATION (City, town, or county) (State): Near Salisbury Md (Shad Point Md)

24. REC'D BY REGISTRAR — DATE: Oct. 14, 1955 — REGISTRAR'S SIGNATURE: Mary H. Holloway

25. FUNERAL DIRECTOR'S SIGNATURE: HOLLOWAY & COMPANY — ADDRESS: SALISBURY MARYLAND

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within [redacted] hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this death certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10222 **CERTIFICATE OF DEATH** 10227

Reg. Dist. No.

1. PLACE OF DEATH

COUNTY: Wicomico — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Salisbury — LENGTH OF STAY (in this place): Most of life

12

HOSPITAL OR INSTITUTION OR STREET ADDRESS: At home - 801 W. Main St.

00

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Wicomico

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Salisbury

12

STREET ADDRESS (If rural give location): 801 W. Main Street

1

3. NAME OF DECEASED (Type or Print): (First) Martha (Middle) Purnell (Last) Anderson

4. DATE OF DEATH (Month) 10 (Day) 30 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: A.A.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 1880

9. AGE last birthday: 75 yrs.

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Cook

11. BIRTHPLACE (State or foreign country): Salisbury, Wicomico Co., Md.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jacob Jones

14. MOTHER'S MAIDEN NAME: Sallie Hitch

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: 102 Catherine Street Mrs. Minnie Cottman, Salisbury, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X IMMEDIATE CAUSE (A) Renal Insufficiency & Failure — INTERVAL BETWEEN ONSET AND DEATH: Few days

ANTECEDENT CAUSE(S) DUE TO (B) Chronic Heart Disease — Unk

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) — U

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertension — Unk

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 3, 19 55, to Oct. 30, 19 55, that I last saw the deceased alive on Oct. 3, 19 55, and that death occurred at 9:12 p.m., from the causes and on the date stated above.

SIGNATURE: G. Herbert Lembly M.D. — ADDRESS (Street, city, town, state): Salisbury Md. — DATE SIGNED: Nov. 1, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 11-3-55 — NAME OF CEMETERY OR CREMATORY: Green Acres Memorial Park — LOCATION (City, town, or county) (State): Salisbury, Wicomuco Co., Md.

24. REC'D BY REGISTRAR DATE 11-2-55 — REGISTRAR'S SIGNATURE: Mary W. Holloway

25. FUNERAL DIRECTOR'S SIGNATURE: Stewart Funeral Home Mary A. Stewart — ADDRESS: 324 E. Church St. Salisbury, Md.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within [redacted] hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10223 **CERTIFICATE OF DEATH** 10228

Dr. Gilmore

Reg. Dist. No.

1. PLACE OF DEATH

COUNTY: Wicomico — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Salisbury

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Pen. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Wicomico

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Powellville

STREET ADDRESS (If rural give location): In Village

3. NAME OF DECEASED (Type or Print): (First) DAVID (Middle) CLARENCE (Last) BAILEY

4. DATE OF DEATH (Month) OCT. (Day) 13 th (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 29, 1876

9. AGE last birthday: 79 yrs.

IF UNDER 1 YEAR: Months 1 Days 14

IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Merchant

10b. KIND OF BUSINESS OR INDUSTRY: General Store

11. BIRTHPLACE (State or foreign country): Powellville, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Josiah Bailey

14. MOTHER'S MAIDEN NAME: [redacted] Mary G. Adkins

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.): Unk (If Yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Florence Fooks Bailey (Wife) Powellville, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0 IMMEDIATE CAUSE (A) Myocardial Insufficiency — 1 yr.

DUE TO

ANTECEDENT CAUSE(S) (B) Arteriosclerotic Heart Disease

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

260.8 Diabetes Mellitus — Unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 7, 19 55, to Oct. 13, 19 55 that I last saw the deceased alive on Oct. 13, 19 55, and that death occurred at 2:10P. M, from the causes and on the date stated above.

SIGNATURE: David J. Gilmore M.D. — ADDRESS (Street, city, town, state): Camden Ave. Salisbury, Maryland — DATE SIGNED: Oct. 15 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: Oct. 16, 1955 — NAME OF CEMETERY OR CREMATORY: St. John's Church Cemetery — LOCATION (City, town, or county) (State): Powellville, Maryland

24. REC'D BY REGISTRAR — DATE: Oct. 18, 1955 — REGISTRAR'S SIGNATURE: Mary H. Holloway

25. FUNERAL DIRECTOR'S SIGNATURE: HOLLOWAY & COMPANY — ADDRESS: SALISBURY MARYLAND

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within [redacted] hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

10276

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10229

CERTIFICATE OF DEATH

Dr. Quinn

Reg. Dist. No.

1. PLACE OF DEATH

COUNTY: Wicomico — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Mardela

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Bridge Street

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland COUNTY: Wicomico

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Mardela

STREET ADDRESS (If rural give location): Bridge Street

3. NAME OF DECEASED (Type or Print): (First) EDWARD (Middle) STANLEY (Last) BAILEY

4. DATE OF DEATH (Month) OCT. (Day) 4 th (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 11 - 1884

9. AGE last birthday: 71 yrs.

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired - Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Hotel

11. BIRTHPLACE (State or foreign country): Athol Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: T.Jefferson Bailey

14. MOTHER'S MAIDEN NAME: Matilda Elizabeth Goslee

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.): Unk (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Melvin Cobb (Daughter) Bridge St. Mardela, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 IMMEDIATE CAUSE (A) Sudden

DUE TO (B) Coronary thrombosis

DUE TO (C)

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: None

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.): None

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State): None

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 2, 1955, to Oct. 4, 1955, that I last saw the deceased alive on Oct. 4, 1955, and that death occurred at 4:00 A.M., from the causes and on the date stated above.

SIGNATURE: [illegible] M.D. — ADDRESS (Street, city, town, state): Main St. Mardela, Maryland — DATE SIGNED: October 5 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: Oct. 6, 1955 — NAME OF CEMETERY OR CREMATORY: Mardela Cemetery — LOCATION (City, town, or county) (State): Mardela, Maryland

24. REC'D BY REGISTRAR — DATE: Oct. 7, 1955 — REGISTRAR'S SIGNATURE: Mary H. Holloway

25. FUNERAL DIRECTOR'S SIGNATURE: HOLLOWAY & COMPANY — ADDRESS: SALISBURY MARYLAND

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 72 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10230

10224

CERTIFICATE OF DEATH

Dr. Harry Mattox

Reg. Dist. No.

1. PLACE OF DEATH

COUNTY: Wicomico — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Salisbury — LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Pen. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Wicomico

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Salisbury

STREET ADDRESS (If rural give location): 232 Hazel Ave.

3. NAME OF DECEASED (Type or Print): (First) MINNIE (Middle) IVA (Last) BAKER

4. DATE OF DEATH (Month) Oct. (Day) 15th (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 11, 1887

9. AGE last birthday: 68 yrs.

IF UNDER 1 YEAR: Months 6, Days 14

IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Portsville Delaware

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Thomas Disharoon

14. MOTHER'S MAIDEN NAME: Theodosia Emily Hearn

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. Elmer B. Baker (Husband) 232 Hazel Ave Salisbury, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Acute coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 15 min

ANTECEDENT CAUSE(S) DUE TO (B) Coronary artery disease (occlusion) — 4 days

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) arteriosclerosis, marked — 2 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/11, 19 55, to 10/15, 1955, that I last saw the deceased alive on 10/11, 19 55, and that death occurred at 12:30 AM, from the causes and on the date stated above.

SIGNATURE: Harry Mattox M.D. — ADDRESS (Street, city, town, state): Camden Ave. Salisbury, Maryland — DATE SIGNED: Oct 15 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: Oct. 17, 1955 — NAME OF CEMETERY OR CREMATORY: Parsons Cemetery — LOCATION (City, town, or county) (State): Salisbury, Maryland

24. REC'D BY REGISTRAR — DATE: Oct. 18, 1955 — REGISTRAR'S SIGNATURE: Mary H. Holloway

25. FUNERAL DIRECTOR'S SIGNATURE: HOLLOWAY & COMPANY — ADDRESS: SALISBURY MARYLAND

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within [redacted] hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10277

CERTIFICATE OF DEATH

10231

Reg. Dist. No. 331

Dr. Lawry, Lee

1. PLACE OF DEATH

COUNTY Wicomico MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fruitland

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS S. Division St Ext.

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Wicomico

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fruitland

STREET ADDRESS (If rural give location) S. Division St. Ext.

3. NAME OF DECEASED (Type or Print) (First) QUINTON (Middle) GREENLEAF (Last) BANKS

4. DATE OF DEATH (Month) OCT. (Day) 25 th (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	March 8, 1881	74 yrs.	7	17		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Employee of the John H. Dulany Co. Frozen & Can Foods (Gate attendent)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Near Fruitland, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Thomas L. Banks

14. MOTHER'S MAIDEN NAME Mary Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) Unk (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS Mrs. Ethel Banks (Wife) S. Division St Ext. ~~Salisbury~~ Fruitland Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A) Cerebral Hemorrhage — Interval between onset and death: 2 wks

ANTECEDENT CAUSE(S) DUE TO (B) Hypertension — 3 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 19 52, to 10-25, 19 55, that I last saw the deceased alive on 10-25, 19 55, and that death occurred at 7:00P.M, from the causes and on the date stated above.

SIGNATURE Lee L Lawry, M.D. M.D. ADDRESS (Street, city, town, state) Fruitland, Maryland DATE SIGNED Oct. 26 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Oct. 28, 1955 — NAME OF CEMETERY OR CREMATORY Banks Family Cemetery — LOCATION (City, town, or county) (State) Near Fruitland, Maryland

24. REC'D BY REGISTRAR DATE Oct. 28, 1955 — REGISTRAR'S SIGNATURE Mary N. Holloway

25. FUNERAL DIRECTOR'S SIGNATURE HOLLOWAY & COMPANY — ADDRESS SALISBURY MARYLAND

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10225

CERTIFICATE OF DEATH

10232

Reg. Dist. No. 332

1. PLACE OF DEATH

COUNTY Wicomico — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 Salisbury

LENGTH OF STAY (in this place) 8½ months

HOSPITAL OR INSTITUTION OR STREET ADDRESS 91 Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Baltimore City

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3V01-4

STREET ADDRESS (If rural give location) 427 E. Fort Avenue

3. NAME OF DECEASED (Type or Print) (First) Santi (Middle) (Last) Barranco

4. DATE OF DEATH (Month) Oct. (Day) 1 (Year) 19 55

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 12/7/1874

9. AGE last birthday 80 yrs.

IF UNDER 1 YEAR: Months Days

IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) — —

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Italy

12. CITIZEN OF WHAT COUNTRY? Italy

13. FATHER'S NAME Salvatore Barranco

14. MOTHER'S MAIDEN NAME Felicia Barranco

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Give no, army, navy.) (If Yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177X IMMEDIATE CAUSE (A) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSE(S) DUE TO (B) Generalized carcinomatosis — - -

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Ca. of prostate gland — 9 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 12, 19 55, to Oct. 1, 19 55, that I last saw the deceased alive on Oct. 1, 19 55, and that death occurred at 10:45A M, from the causes and on the date stated above.

SIGNATURE L. V. Maldve — L.V.Maldve, M.D. M.D. — **ADDRESS** (Street, city, town, state) Deer's Head Hospital Salisbury, Maryland — **DATE SIGNED** 10/1/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 10/5/55 — NAME OF CEMETERY OR CREMATORY New Cathedral Cem. — LOCATION (City, town, or county) (State) Balto., Md.

24. REC'D BY REGISTRAR DATE Oct. 3, 1955 — REGISTRAR'S SIGNATURE Mary H. Holloway

25. FUNERAL DIRECTOR'S SIGNATURE Hill & Johnson Co — ADDRESS Salisbury, Md

Norman T. Baker

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within [illegible] hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this death certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10226

CERTIFICATE OF DEATH

10233

Reg. Dist. No.

1. PLACE OF DEATH

COUNTY: Wicomico — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): 12 Salisbury

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 82 Peninsula General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Wicomico

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Salisbury

STREET ADDRESS (If rural give location): R.D. # 1 (Fruitland)

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Leonard (Last) Betts

4. DATE OF DEATH (Month) October (Day) 20 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug. 18, 1874

9. AGE last birthday: 81 yrs. — IF UNDER 1 YEAR: Months 2, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: F.W. Allen Co.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Daniel H. Betts

14. MOTHER'S MAIDEN NAME: Catherine Wyatt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.): Unk — (If Yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. Arthur L. Betts (Son) Fruitland, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

236X IMMEDIATE CAUSE (A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSE(S) DUE TO (B) Hydronephrosis, Bilateral — 12 mons

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Tumor of Bladder and Prostate — 12 mons

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 10-18-55

19b. MAJOR FINDINGS OF OPERATION: marked bladder hemorrhage

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work [ ] Not while at work [ ]

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 17, 1955, to Oct. 20, 1955, that I last saw the deceased alive on Oct. 20, 1955, and that death occurred at 10:40 A.M., from the causes and on the date stated above.

SIGNATURE: Raymond M. Lord M.D. — ADDRESS (Street, city, town, state): Professional Bldg. Salisbury, Md. — DATE SIGNED: 10/20/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: Oct. 23, 1955 — NAME OF CEMETERY OR CREMATORY: Smullen Cemetery-St. Luke — LOCATION (City, town, or county) (State): Near Fruitland, Maryland

24. REC'D BY REGISTRAR — DATE: OCT 24 1955 — REGISTRAR'S SIGNATURE: Mary H. Holloway

25. FUNERAL DIRECTOR'S SIGNATURE: HOLLOWAY & COMPANY — ADDRESS: SALISBURY MARYLAND

10278

10234 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 336

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

1. PLACE OF DEATH:

COUNTY Wicomico MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN Delmar

LENGTH OF STAY (in this place) 10yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Foskey Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Wicomico

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Delmar X

STREET ADDRESS (If rural, give location) Foskey Lane

3. NAME OF DECEASED: (Type or Print) (First) David (Middle) Elliott (Last) Bolen

4. DATE OF DEATH (Month) 10 (Day) 21 (Year) 19 55

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 4, 1880

9. AGE last birthday: 75 yrs.

IF UNDER 1 YEAR: Months Days

IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Wood

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Daniel C. Bolen

14. MOTHER'S MAIDEN NAME: Elizabeth Estep

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 214-12-6579

17. INFORMANT & ADDRESS: Daisey Bolen, Delmar, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Earl L Bryan M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 10-21-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 10-23-1955

NAME OF CEMETERY OR CREMATORY Parsons Cemetery

LOCATION (City, town, or county) (State) Salisbury, Md.

DATE REC'D BY LOCAL REG. October 22, 1955

REGISTRAR'S SIGNATURE Harry E. Hudson Sr

24. FUNERAL DIRECTOR W. S. Mann Co. Selma, Md

ADDRESS

VS. A15A - 5 - 53

10227

Item 2 Film 0187 10-17-55 et

10235

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico; MARYLAND Md.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury 12

LENGTH OF STAY (In this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Wicomico

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Salisbury 12

STREET ADDRESS (If rural, give location) 305 E. Church St

3. NAME OF DECEASED: (Type or Print) (First) Rebecca (Middle) Marie (Last) Boyd

4. DATE OF DEATH (Month) 10 (Day) 2 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: unknown

9. AGE last birthday: 53 yrs.

IF UNDER 1 YEAR: Months | Days

IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): unknown

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): unknown

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT & ADDRESS: Police Dept. City of Salisbury.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

987-X

Immediate cause (a) Stab wound of heart

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY Home

21c. (City or town) Salisbury (County) Wicomico (State) Md

21d. TIME OF INJURY (Month) 10 (Day) 2 (Year) 55 (Hour) 3 A.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☑

21f. HOW DID INJURY OCCUR? Stabbed by Husband

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☑, Undetermined cause ☐.

SIGNATURE Earl L. Bryce M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 10-6-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 10-6-55

NAME OF CEMETERY OR CREMATORY Green Acres Cem

LOCATION (City, town, or county) Salisbury (State) Md.

DATE REC'D BY LOCAL REG. 10-7-55

REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Brooks M. Quest

ADDRESS Salisbury Md.

VS. A15A - 5 - 53

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within [illegible] hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10279

CERTIFICATE OF DEATH

10236

Dr. Larmore

Reg. Dist. No.....

1. PLACE OF DEATH

COUNTY Wicomico MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hebron

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Main St

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Wicomico

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hebron

STREET ADDRESS (If rural give location) Main St

3. NAME OF DECEASED (Type or Print) (First) FLAVIUS (Middle) WOODLAND (Last) BRADLEY

4. DATE OF DEATH (Month) Oct. (Day) 14th (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: April 6, 1878

9. AGE last birthday: 77 yrs.

IF UNDER 1 YEAR: Months 4 Days 6

IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant

10b. KIND OF BUSINESS OR INDUSTRY: General Store

11. BIRTHPLACE (State or foreign country): Columbia Delaware

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Flavius Josephus Bradley

14. MOTHER'S MAIDEN NAME: Rachel Emily Howard

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) Unk (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mr. Clifford J. Bradley (Son) Hebron, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

411X IMMEDIATE CAUSE (A) _____ INTERVAL BETWEEN ONSET AND DEATH

DUE TO (B) _____

DUE TO (C) Aortic insufficiency; valvular heart disease (est.) 10 yrs.

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/1, 19 54, to death, 19....., that I last saw the deceased alive on 10/12, 19 55, and that death occurred at 8 A M, from the causes and on the date stated above.

SIGNATURE Ernest M. Larmore M.D. ADDRESS (Street, city, town, state) Delmar Delaware DATE SIGNED Oct. 15 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Oct. 16, 1955

NAME OF CEMETERY OR CREMATORY Hebron Cemetery

LOCATION (City, town, or county) (State) Hebron Maryland

24. REC'D BY REGISTRAR DATE Oct. 18, 1955

REGISTRAR'S SIGNATURE Mary H. Holloway

25. FUNERAL DIRECTOR'S SIGNATURE HOLLOWAY & COMPANY ADDRESS SALISBURY MARYLAND

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within [illegible] hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10228

CERTIFICATE OF DEATH

10237

Reg. Dist. No.

1. PLACE OF DEATH

COUNTY Wicomico — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 Salisbury — LENGTH OF STAY (in this place) 1 Wk.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 82 Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DEECEASED

STATE Maryland — COUNTY Wicomico

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Eden

STREET ADDRESS (If rural give location) X /

3. NAME OF DECEASED (Type or Print) (First) JENNIE (Middle) (Last) BRIGHAM

4. DATE OF DEATH (Month) 10 (Day) 16 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jan.1,1881

9. AGE last birthday: 74 yrs.

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Powltry Grower

10b. KIND OF BUSINESS OR INDUSTRY: Own self

11. BIRTHPLACE (State or foreign country): Mass.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknow

14. MOTHER'S MAIDEN NAME: Unknow

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: William H. Ware. Eden, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

199.1 IMMEDIATE CAUSE (A) Vascular collapse. — INTERVAL BETWEEN ONSET AND DEATH: 12 hours.

ANTECEDENT CAUSE(S) DUE TO (B) Release of abdominal pressure - removal of ascites. — 12 hours.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Abdominal carcinomatosis - etiology? — 2-3 mos.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis

19a. DATE OF OPERATION: Oct 15, 1955

19b. MAJOR FINDINGS OF OPERATION: Peritoneal implants throughout abdomen.

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 13, 19 55, to Oct 16, 19 55, that I last saw the deceased alive on Oct 16, 19 55, and that death occurred at 2:45 AM, from the causes and on the date stated above.

SIGNATURE: Stedman W. Smith, M.D. — ADDRESS (Street, city, town, state): Salisbury — DATE SIGNED: 10-17-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 10/21/1955 — NAME OF CEMETERY OR CREMATORY: Riverside Cemetery — LOCATION (City, town, or county) (State): Barre, Mass.

24. REC'D BY REGISTRAR — DATE Oct. 19, 1955 — REGISTRAR'S SIGNATURE: Mary H. Holloway

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: The Hill & Johnson Co. Salisbury, Maryland

Norman T. Baker

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within [illegible] hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10229 10238

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH

COUNTY Wicomico — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Salisbury — LENGTH OF STAY (in this place): 12

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General Hospital — 82

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Somerset

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Wenona

STREET ADDRESS (If rural give location): 19X-2

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) (Last) Brummett

4. DATE OF DEATH (Month) (Day) (Year): Oct. 23, 1955 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 10-23-55

9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours 8, Min. 44

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Brummitt

14. MOTHER'S MAIDEN NAME: Norma Lee Parkinson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.): U — (If Yes, give war or dates of service):

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mrs Beulah Parkinson Wenona

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

761.5 IMMEDIATE CAUSE (A) Prematurity — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Placenta Praevia + Caesarian Section

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 2PM M, from the causes and on the date stated above.

SIGNATURE: Morris C. Lambdin M.D. — ADDRESS (Street, city, town, state): 707 Camden Ave Salisbury Md. — DATE SIGNED: 10/24/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): — DATE THEREOF: 10-24-55 — NAME OF CEMETERY OR CREMATORY: St Paul's Methodist — LOCATION (City, town, or county) (State): Wenona, Md.

24. REC'D BY REGISTRAR DATE 10-24-55 — REGISTRAR'S SIGNATURE: Mary W. Holloway

25. FUNERAL DIRECTOR'S SIGNATURE: L. G. Webster — ADDRESS: Deal Island

2005282281

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **72 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10230

CERTIFICATE OF DEATH

10239

Reg. Dist. No. 332

1. PLACE OF DEATH

COUNTY Wicomico — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 Salisbury, Maryland

LENGTH OF STAY (in this place) 32 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS 91 Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Baltimore

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore, Maryland 3Y01-4

STREET ADDRESS (If rural give location) 620 St. Anns Ave.

3. NAME OF DECEASED (Type or Print) (First) Kate (Middle) Mary (Last) Buckley

4. DATE OF DEATH (Month) Oct. (Day) 2 (Year) 19 55

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH April 17, 1882

9. AGE last birthday 73 yrs.

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Ireland

12. CITIZEN OF WHAT COUNTRY? unk

13. FATHER'S NAME John Barrett

14. MOTHER'S MAIDEN NAME Catherine O'Connell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) unk (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. unk

17. INFORMANT & ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X IMMEDIATE CAUSE (A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSE(S) DUE TO (B) Arteriosclerosis Gen. — ---

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 31, 19 55, to Oct. 2, 19 55, that I last saw the deceased alive on Oct. 2, 19 55, and that death occurred at 10:30AM, from the causes and on the date stated above.

SIGNATURE M. D. Malloy, M.D. — ADDRESS (Street, city, town, state) Salisbury, Maryland — DATE SIGNED 10/2/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 10/5/55 — NAME OF CEMETERY OR CREMATORY St. Peters Cemetery — LOCATION (City, town, or county) (State) Baltimore, Maryland

24. REC'D BY REGISTRAR DATE Oct. 3, 1955 — REGISTRAR'S SIGNATURE Mary H. Holloway

25. FUNERAL DIRECTOR'S SIGNATURE Wm. Cook Inc. — ADDRESS 1217 St. Paul Street

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within [illegible] hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10231

CERTIFICATE OF DEATH

10240

Reg. Dist. No.

Item 12, Film 187 10-17-55 et

1. PLACE OF DEATH

COUNTY Wicomico — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 Salisbury — LENGTH OF STAY (in this place) 5 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 91 Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland — COUNTY Cecil

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton — 07X.2

STREET ADDRESS (If rural give location) R.D. # 3

3. NAME OF DECEASED (Type or Print) (First) John (Middle) C. (Last) Clemmings

4. DATE OF DEATH (Month) Oct. (Day) 7 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 11, 1860

9. AGE last birthday: 95 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: – –

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Clemmings

14. MOTHER'S MAIDEN NAME: Jane Browning

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 213-28-2762A

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

15 / X IMMEDIATE CAUSE (A) Cerebral embolism — INTERVAL BETWEEN ONSET AND DEATH: 8½ hrs.

ANTECEDENT CAUSE(S) DUE TO (B) Generalized Carcinoma — 4 months

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Carcinoma of stomach — 2 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Ununited fracture of left hip — 7 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 20, 19 50, to Oct. 7, 19 55, that I last saw the deceased alive on Oct. 7, 19 55, and that death occurred at 2:30P M, from the causes and on the date stated above.

SIGNATURE Dr V Juerman — V. Juerman, M.D. — ADDRESS (Street, city, town, state) Deer's Head State Hospital Salisbury, Maryland — DATE SIGNED 10/7/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 10/11/1955 — NAME OF CEMETERY OR CREMATORY: Elkton Cemetery — LOCATION (City, town, or county) Elkton (State) Md.

24. REC'D BY REGISTRAR — DATE Oct. 14, 1955 — REGISTRAR'S SIGNATURE Mary H. Holloway

25. FUNERAL DIRECTOR'S SIGNATURE Pippin Funeral Home — ADDRESS Elkton, Md.

10232

10241 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 332

1. PLACE OF DEATH:

COUNTY Wicomico MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Salisbury, Md. | LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Virginia COUNTY Accomack

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Wattsville, Va. 83X-3

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Edith (Middle) Rhodes (Last) Conquest

4. DATE OF DEATH (Month) Oct. (Day) 1 (Year) 19 55

5. SEX: F. **6. COLOR OR RACE:** C. **7. SINGLE, MARRIED, WIDOWED, DIVORCED,** (Specify) Married **8. DATE OF BIRTH:** 4/25/1922 **9. AGE last birthday:** 33 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): House wife **10b. KIND OF BUSINESS OR INDUSTRY:** **11. BIRTHPLACE** (State or foreign country): Virginia **12. CITIZEN OF WHAT COUNTRY?** U.S.A

13. FATHER'S NAME: Estee Johnson

14. MOTHER'S MAIDEN NAME: Ida Conner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 219-07-6393

17. INFORMANT & ADDRESS: Ida Johnson, Wattsville, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 916.0

Immediate cause (a) Septicemia — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) second and third degree burns-80 % body surface. — 12 days.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH. **21b. PLACE** (Home, farm, factory, street, office bldg., etc.) OF INJURY Home **21c.** (City or town) Wattsville (County) Accomack (State) Virginia.

21d. TIME OF INJURY (Month) 9 (Day) 20 (Year) 55 (Hour) M. **21e. INJURY OCCURRED** While at work ☐ Not while at work ☒ **21f. HOW DID INJURY OCCUR?** Burning trash and caught clothes afire.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Earl Rose M. D. CHIEF MEDICAL EXAMINER ☒ DEPUTY MEDICAL EXAMINER ☐ ~~ASSISTANT MEDICAL EXAM.~~ ☐ DATE SIGNED 10-3-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial **DATE THEREOF** 10/3/55 **NAME OF CEMETERY OR CREMATORY** Wattsville, Cem. **LOCATION** (City, town, or county) Wattsville, Va. (State)

DATE REC'D BY LOCAL REG. 10-4-55 **REGISTRAR'S SIGNATURE** Mary M. Holloway **24. FUNERAL DIRECTOR** Edgar W. Carter **ADDRESS** New Church, Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **[illegible] hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10233

CERTIFICATE OF DEATH

10242

Reg. Dist. No.

1. PLACE OF DEATH

COUNTY: Wicomico — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Salisbury — LENGTH OF STAY (In this place): 12

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General Hospital — 82

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Wicomico

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Salisbury — 12

STREET ADDRESS (If rural give location): 923 Brown St. — 1

3. NAME OF DECEASED (Type or Print): (First) (Middle) (Last): Crockett

4. DATE OF DEATH (Month) (Day) (Year): October 6 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH:

9. AGE last birthday: yrs.

IF UNDER 1 YEAR: Months: Days:

IF UNDER 24 HRS.: Hours: 4 hrs. Min.: 75

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Winifred Reuben Crockett

14. MOTHER'S MAIDEN NAME: Catherine Reba Bramble

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.): / (If Yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mother & Father

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5 IMMEDIATE CAUSE (A) Erythroblastosis

ANTECEDENT CAUSE(S) DUE TO (B) Atelectasis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Prematurity & Anemia

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 2

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/6/, 1955, to 10/6/, 1955, that I last saw the deceased alive on 10/6/, 1955, and that death occurred at 7:13 A.M., from the causes and on the date stated above.

SIGNATURE: Wm B. Smith M.D. — ADDRESS (Street, city, town, state): Salisbury Md — DATE SIGNED: 10/8/55

23. ~~BURIAL~~, CREMATION, ~~REMOVAL~~ (SPECIFY): — DATE THEREOF: 10/8/55 — NAME OF CEMETERY OR CREMATORY: Peninsula General Hospital — LOCATION (City, town, or county) (State): Salisbury Md.

24. REC'D BY REGISTRAR — DATE: 10-7-55 — REGISTRAR'S SIGNATURE: Mary M. Holloway

25. FUNERAL DIRECTOR'S SIGNATURE: Peninsula General Hospital — ADDRESS:

2005242343

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **72 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10234

CERTIFICATE OF DEATH

10243

Reg. Dist. No. 332

1. PLACE OF DEATH

COUNTY Wicomico — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 SALISBURY — LENGTH OF STAY (In this place) 8 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS 82 Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE MARYLAND COUNTY Wicomico

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Powellville

STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED (Type or Print) (First) Lizzie (Middle) (Last) DAVIS

4. DATE OF DEATH (Month) October (Day) 21 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Aug. 3, 1876

9. AGE last birthday: 79 yrs.

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Isaac Smith

14. MOTHER'S MAIDEN NAME: Sarah Truitt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Maggie Timmons, Powellville

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1 IMMEDIATE CAUSE (A) Cerebrovascular C.V. Disease — INTERVAL BETWEEN ONSET AND DEATH: Yes

ANTECEDENT CAUSE(S) DUE TO (B) Early gangrene of foot — 3 wks

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10.14, 19 55, to 10.21, 19 55, that I last saw the deceased alive on 10.21, 19 55, and that death occurred at 9:30 A.M. from the causes and on the date stated above.

SIGNATURE [illegible] M.D. ADDRESS (Street, city, town, state) 226 N Division St DATE SIGNED 10.21.55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) — DATE THEREOF 10-23-55 — NAME OF CEMETERY OR CREMATORY Truitt Cemetery — LOCATION (City, town, or county) Powellville, Md (State)

24. REC'D BY REGISTRAR — DATE 10-25-55 — REGISTRAR'S SIGNATURE Mary W. Holloway

25. FUNERAL DIRECTOR'S SIGNATURE Peter Whaley — ADDRESS Bellbyville, Del.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10235

CERTIFICATE OF DEATH

Reg. Dist. No. 332 10244

1. PLACE OF DEATH
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 Salisbury
LENGTH OF STAY (in this place) 22 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 926 E. Church St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury. 12
STREET ADDRESS (If rural, give location) 926 E. Church St.

3. NAME OF DECEASED: (Type or Print) (First) Bertha (Middle) Gertrude (Last) Dennis

4. DATE OF DEATH (Month) Oct. (Day) 3, (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married.
8. DATE OF BIRTH: April 23 1879
9. AGE last birthday 76 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Allison S. Dennis
14. MOTHER'S MAIDEN NAME: Rosa Littleton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Mrs Helen Hancock Salisbury

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONset AND DEATH

420.0 IMMEDIATE CAUSE (A) Arteriosclerotic heart disease

DUE TO

ANTECEDENT CAUSE (B) Asthma

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Hypertrophic Arthritis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-18, 1954, to 10-3, 1955, that I last saw the deceased alive on 10-21, 1955, and that death occurred at 2:45 A.M. 2:15 AM, from the causes and on the date stated above.

SIGNATURE Andrew C Mitchell M. D. ADDRESS Salisbury, Md DATE SIGNED 10/3/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Oct. 5 1955 — NAME OF CEMETERY OR CREMATORY Memorial Park — LOCATION (City, town, or county) Salisbury, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 10-5-55 — REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Peter Whaley — ADDRESS Salisbury, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10236

CERTIFICATE OF DEATH

10245

Reg. Dist. No.

1. PLACE OF DEATH

COUNTY Wicomico — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 Salisbury — LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 32 Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Worcester

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke

STREET ADDRESS (If rural give location) 23-42-2

3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) (Last) Downs

4. DATE OF DEATH (Month) October (Day) 5 (Year) 1955

5. SEX Male

6. COLOR OR RACE C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH ?

9. AGE last birthday 74 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) ?

12. CITIZEN OF WHAT COUNTRY? ?

13. FATHER'S NAME ?

14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. ?

17. INFORMANT & ADDRESS Pen Gen Hosp

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2 IMMEDIATE CAUSE (A) Pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSE(S) DUE TO (B) congestive heart failure — 6 mos.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) degenerative heart disease — 2 yr.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. chronic myelogenic leukemia

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 30, 1955, to Oct. 5, 1955, that I last saw the deceased alive on Oct 5, 1955, and that death occurred at 2:10 A.M. from the causes and on the date stated above.

SIGNATURE J. Bradley M.D. — ADDRESS (Street, city, town, state) Salisbury Md — DATE SIGNED 10-5-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal — DATE THEREOF Oct. 7-1955 — NAME OF CEMETERY OR CREMATORY Cenatomical Bd — LOCATION (City, town, or county) (State) Balti-

24. REC'D BY REGISTRAR DATE Oct. 10, 1955 — REGISTRAR'S SIGNATURE Mary H. Delaney

25. FUNERAL DIRECTOR'S SIGNATURE Bailey McCrest — ADDRESS

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **72 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10280

CERTIFICATE OF DEATH

10246

Reg. Dist. No.

1. PLACE OF DEATH

COUNTY: Wicomico — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bivalve

LENGTH OF STAY (in this place): Lifetime

HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Md. — COUNTY: Wicomico

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bivalve

STREET ADDRESS (If rural give location): X

3. NAME OF DECEASED (Type or Print): (First) Oscar (Middle) S. (Last) Dunn

4. DATE OF DEATH (Month) (Day) (Year): 10-18 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8/30/1871

9. AGE last birthday: 84 yrs.

IF UNDER 1 YEAR: Months: 1 Days: 18

IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Bivalve, Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Columbus Dunn

14. MOTHER'S MAIDEN NAME: Henrietta Anderson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.): No

(If Yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 218-30-1499

17. INFORMANT & ADDRESS: Sula Dunn, Bivalve, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A) Cerebral Vascular Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

DUE TO (B) Generalized Arteriosclerosis — 10 years

DUE TO (C)

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Inanition — 1 week

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 July, 1947, to 18 Oct, 1955, that I last saw the deceased alive on 18 Oct, 1955, and that death occurred at 10:25 P.M., from the causes and on the date stated above.

SIGNATURE: J. Paul H. Saunders M.D. — ADDRESS (Street, city, town, state): Nanticoke Md. — DATE SIGNED: 10/19/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 10/22/55 — NAME OF CEMETERY OR CREMATORY: Bivalve Cem. — LOCATION (City, town, or county) (State): Bivalve, Maryland

24. REC'D BY REGISTRAR — DATE: OCT 24 1955 — REGISTRAR'S SIGNATURE: Mary W. Holloway

25. FUNERAL DIRECTOR'S SIGNATURE: L. D. Mesnik — ADDRESS: Bivalve, Md.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within [redacted] **hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10237

CERTIFICATE OF DEATH

10247

Dr. Beardsley

Reg. Dist. No.

1. PLACE OF DEATH

COUNTY: Wicomico — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Salisbury — LENGTH OF STAY (in this place): 12

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Riverside Convalescent Home — 90

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Wicomico

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Parsonsburg — X

STREET ADDRESS (If rural give location): In Village — 1

3. NAME OF DECEASED (Type or Print): (First) IRENE (Middle) STILES (Last) EMERSON

4. DATE OF DEATH (Month) Oct. (Day) 29th (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov. 21, 1887

9. AGE last birthday: 67 yrs. — IF UNDER 1 YEAR: Months 11, Days 8 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Mt. Vernon New York

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Frank Noble Glover

14. MOTHER'S MAIDEN NAME: Jessie Irene Knight

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. Frank N. Glover (Brother) Parsonsburg Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) 1991.1 Adenocarcinoma Carcinomatous origin undetermined — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

DUE TO (B)

DUE TO (C)

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 1954, to Oct. 27, 1955, that I last saw the deceased alive on Oct. 29, 1955, and that death occurred at 12:45 P.M. from the causes and on the date stated above.

SIGNATURE: S. M. Beardsley, M.D. — ADDRESS (Street, city, town, state): East Church St. Salisbury, Md. — DATE SIGNED: Oct. 29 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: Nov. 1, 1955 — NAME OF CEMETERY OR CREMATORY: Rowayton Cemetery — LOCATION (City, town, or county) (State): Rowayton, Conn.

24. REC'D BY REGISTRAR — DATE: OCT 31 1955 — REGISTRAR'S SIGNATURE: Mary H. Holloway

25. FUNERAL DIRECTOR'S SIGNATURE: HOLLOWAY & COMPANY — ADDRESS: SALISBURY MARYLAND

10238

10248
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 332

1. PLACE OF DEATH:
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Salisbury
LENGTH OF STAY (in this place): All life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: At home - 346 Delaware Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural, give location): 346 Delaware Avenue

3. NAME OF DECEASED: (Type or Print) (First) Ada (Middle) Elizabeth (Last) Ennis

4. DATE OF DEATH (Month) 10 (Day) 19, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: A.A.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-25-1920

9. AGE last birthday: 35 yrs. — IF UNDER 1 YEAR: Months 6, Days 4 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Elevator Oper.

10b. KIND OF BUSINESS OR INDUSTRY: Benjamins Store

11. BIRTHPLACE (State or foreign country): Salisbury, Wicomico Co. Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Cora Wallace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: Yes - lost

17. INFORMANT & ADDRESS: 336 Catherine Street, Mrs. Margaret Hall, Salisbury, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

981X

Immediate cause (a) Shotgun wound of brain — Sudden

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home

21c. (City or Town) Salisbury (County) Wicomico (State) Md

21d. TIME OF INJURY (Month) 10 (Day) 19 (Year) 55 (Hour) 7:30 A.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☑

21f. HOW DID INJURY OCCUR? Shot by husband

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☒, Undetermined cause ☐.

SIGNATURE [signature] M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ — DATE SIGNED 10-22-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 10-23-55

NAME OF CEMETERY OR CREMATORY: Green Acres Memorial Park

LOCATION (City, town, or county) (State): Salisbury, Wicomico Co., Md.

DATE REC'D BY LOCAL REG. 12-24-55

REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: Mary A. Stewart — ADDRESS: 324 E. Church St. Salisbury, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within [redacted] hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10249

10281

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH
COUNTY Wicomico ~~Somerset~~ MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hebron
LENGTH OF STAY (In this place) 25 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt #1

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hebron
STREET ADDRESS (If rural give location) Rt #1

3. NAME OF DECEASED (Type or Print) (First) Stephen (Middle) Filmore (Last) Evans

4. DATE OF DEATH (Month) 10 (Day) 13 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Nov.15,1886
9. AGE last birthday: 68 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Millard F. Evans
14. MOTHER'S MAIDEN NAME: Henriettie White

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Levin Evans, Same

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 IMMEDIATE CAUSE (A) Coronary thrombosis

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1955, to Oct. 13, 1955, that I last saw the deceased alive on Oct. 7, 1955, and that death occurred at 2 A M, from the causes and on the date stated above.

SIGNATURE J. Sherman Jr. M.D. ADDRESS (Street, city, town, state) Salisbury, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 10/15/55
NAME OF CEMETERY OR CREMATORY: Hebron Cemetery
LOCATION (City, town, or county) (State): Hebron, Maryland

24. REC'D BY REGISTRAR DATE OCT 17 1955
REGISTRAR'S SIGNATURE Mary H. Holloway
25. FUNERAL DIRECTOR'S SIGNATURE Norman T. Baker ADDRESS The Hill & Johnson Co. Salisbury, Md.

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within [redacted] hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10250

10239

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH

COUNTY Wicomico MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 Salisbury

LENGTH OF STAY (in this place) 4 yrs. 2mos.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 91 Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Baltimore City

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3V01-4

STREET ADDRESS (If rural give location) 1334 N. Eden Street

3. NAME OF DECEASED (Type or Print) (First) Rosy (Middle) (Last) Frey

4. DATE OF DEATH (Month) Oct. (Day) 29 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Mar. 25, 1887

9. AGE last birthday: 68 yrs.

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unk.

10b. KIND OF BUSINESS OR INDUSTRY: Unk.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alfred Gibson

14. MOTHER'S MAIDEN NAME: Florence Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) Unk.

16. SOCIAL SECURITY NO.: Unk.

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

593X IMMEDIATE CAUSE (A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 10 days

DUE TO (B) Intercapillary Glomerulonephritis — ?

DUE TO (C)

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. 260R

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes, mellitus — Bilateral femoral amputation-2mos.2 wks. — 18 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 28, 1951, to Oct. 29, 1955, that I last saw the deceased alive on Oct. 29, 1955, and that death occurred at 11:25 A.M., from the causes and on the date stated above.

SIGNATURE J. B. Maldey M.D. **ADDRESS** (Street, city, town, state) **DATE SIGNED**

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 10/30/55 — NAME OF CEMETERY OR CREMATORY: Mt Calvary — LOCATION (City, town, or county) (State): Balto. Md.

24. REC'D BY REGISTRAR — DATE: OCT 31 1955 — REGISTRAR'S SIGNATURE: Mary H. Holloway

25. FUNERAL DIRECTOR'S SIGNATURE: Elroy O Wilson — ADDRESS: 100 Brantly St

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within [illegible] **hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10240

CERTIFICATE OF DEATH

10251

Reg. Dist. No.

1. PLACE OF DEATH

COUNTY Wicomico MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 Salisbury, Maryland

LENGTH OF STAY (in this place) 285 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS 91 Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Dorchester

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge, Maryland 09-13-2

STREET ADDRESS (If rural give location) 324 Pine Street ✓

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Henry (Last) Gladden

4. DATE OF DEATH (Month) Oct. (Day) 29 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: April 15, 1879

9. AGE last birthday: 76 yrs.

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unk.

10b. KIND OF BUSINESS OR INDUSTRY: Unk.

11. BIRTHPLACE (State or foreign country): St. Mary's County, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Fred Gladden

14. MOTHER'S MAIDEN NAME: Lettie Young

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.): Unk. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unk.

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X IMMEDIATE CAUSE (A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 12 days

DUE TO (B) Arteriosclerosis general — ?

DUE TO (C)

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. 027X

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Lues, treated — ?

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 17, 1955, to Oct. 29, 1955, that I last saw the deceased alive on Oct. 28, 1955, and that death occurred at 5:30AM, from the causes and on the date stated above.

SIGNATURE J. V. Malone, M.D. ADDRESS (Street, city, town, state) DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 11/3/55

NAME OF CEMETERY OR CREMATORY: Waugh Cemetery

LOCATION (City, town, or county) (State): Cambridge, Md.

24. REC'D BY REGISTRAR DATE NOV 1 1955

REGISTRAR'S SIGNATURE Mary W. Holloway

25. FUNERAL DIRECTOR'S SIGNATURE Herbert M. St Clair Jr. ADDRESS Cambridge, Md

10282

10252
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 332

1. PLACE OF DEATH:

COUNTY Wicomico MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN White Haven

LENGTH OF STAY (in this place) life

HOSPITAL OR INSTITUTION OR STREET ADDRESS White Haven Road

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Wicomico

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Tyaskin X

STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED: (Type or Print) (First) Shelley (Middle) Leroy (Last) Handy

4. DATE OF DEATH (Month) 10- (Day) 29- (Year) 19 55

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 7, 1911

9. AGE last birthday: 44 yrs.

IF UNDER 1 YEAR: Months 10 Days 22

IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: Oyster Tonging

11. BIRTHPLACE (State or foreign country): Tyaskin, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Carr Handy

14. MOTHER'S MAIDEN NAME: Julia Conway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Nellie Handy, Tyaskin, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

823 X

Immediate cause (a) Crushed skull — INTERVAL BETWEEN ONSET AND DEATH: Sudden

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY Highway

21c. (City or town) XX White Haven (County) Wicomico (State) Maryland 22

21d. TIME OF INJURY (Month) 10- (Day) 29- (Year) 55 (Hour) 6:30AM

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Car went out of control and ran off road.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ~~ASSISTANT MEDICAL EXAM.~~ ☐ DATE SIGNED 10-31-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 11/1/55

NAME OF CEMETERY OR CREMATORY New Town Cemetery

LOCATION (City, town, or county) Tyaskin (State) Md.

DATE REC'D BY LOCAL REG. 11-3-55

REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR C. D. Messick

ADDRESS Bivalve, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10253

10241

CERTIFICATE OF DEATH

Reg. Dist. No. 337

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 Salisbury
LENGTH OF STAY (in this place) 4 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Delaware COUNTY Sussex
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Selbyville Del.
STREET ADDRESS (If rural give location) 46 X - 3

3. NAME OF DECEASED: (Type or Print) (First) Carrie (Middle) Hazel (Last)

4. DATE OF DEATH: (Month) 10 (Day) 31 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 1877-9-8
9. AGE last birthday 78 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Home work.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John Hudson
14. MOTHER'S MAIDEN NAME: Margaret H
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: John Hazel Selbyville Del.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

174X

IMMEDIATE CAUSE (A) Carcinomatosis — unknown

DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Carcinoma of uterus

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/27, 1955, to 10/31, 1955 that I last saw the deceased alive on ....., 19....., and that death occurred at 6.5 P.M. from the causes and on the date stated above.

SIGNATURE William R. Ellis, Jr. M. D. ADDRESS Salisbury, Md. DATE SIGNED 11-1-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 11-3-55
NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery
LOCATION (City, town, or county) Philadelphia (State) Pa.

DATE REC'D BY LOCAL REGISTRAR 11-2-55
REGISTRAR'S SIGNATURE Mary H. Bellamy Jersey
24. FUNERAL DIRECTOR Watson & Gray ADDRESS Frankford Del.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10242

CERTIFICATE OF DEATH

10254

Reg. Dist. No.

1. PLACE OF DEATH

COUNTY: Wicomico — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Salisbury — LENGTH OF STAY (In this place): 2 wks.

12

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General Hospital

82

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Wicomcio

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Salisbury

12 / 1

STREET ADDRESS (If rural give location): 310 Poplar Hill Ave.,

3. NAME OF DECEASED (Type or Print): (First) MILDRED (Middle) (Last) HIGGINS

4. DATE OF DEATH (Month) 10 (Day) 3 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: April 29, 1899

9. AGE last birthday: 56 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Houe Keeper

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Leonard H. Higgins

14. MOTHER'S MAIDEN NAME: Annabel Maddox

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unk.): No. — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 067-26-4466

17. INFORMANT & ADDRESS: Mrs. J. M. McGrath / Same

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.2 IMMEDIATE CAUSE (A) Chronic myocarditis - aortic insufficiency

DUE TO (B) Acute cardiac decompensation

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-25, 1955, to 10-3, 1955, that I last saw the deceased alive on 10-3, 1955, and that death occurred at 5:20 A.M., from the causes and on the date stated above.

SIGNATURE: Marlyn G. Tinsley M.D. — ADDRESS (Street, city, town, state): Salisbury Md — DATE SIGNED: 10-5-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 10/5/1955 — NAME OF CEMETERY OR CREMATORY: Parsons Cemetery — LOCATION (City, town, or county) (State): Salisbury, Maryland

24. REC'D BY REGISTRAR — DATE: Oct. 6, 1955 — REGISTRAR'S SIGNATURE: Mary W. Galloway

25. FUNERAL DIRECTOR'S SIGNATURE: The Hill & Johnson Co., — ADDRESS: Salisbury, Md.

Burge C. Hill

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within [redacted] **hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10283

CERTIFICATE OF DEATH

11371

Reg. Dist. No.

1. PLACE OF DEATH

COUNTY Wicomico — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Delmar — LENGTH OF STAY (in this place): 71 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 406 Chestnut Street

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland — COUNTY Wicomico

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Delmar

STREET ADDRESS (If rural give location): 406 Chestnut Street

3. NAME OF DECEASED (Type or Print): (First) Seneary (Middle) Ethel (Last) Hitchens

4. DATE OF DEATH (Month) Oct. (Day) 31 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Married

8. DATE OF BIRTH: Aug. 24, 1884

9. AGE last birthday: 71 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Delmar, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benjamin Truitt

14. MOTHER'S MAIDEN NAME: Ellen Palmer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service): ———

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Edward L. Hitchens, Delmar, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 IMMEDIATE CAUSE (A) coronary occlusion, acute — 1 hour

ANTECEDENT CAUSE(S) DUE TO (B) coronary and generalized arteriosclerosis ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. hypertension, essential severe — 10 years

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) — 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1953, to Oct 31, 1955, that I last saw the deceased alive on Oct 31, 1955, and that death occurred at 8.30 A.M. from the causes and on the date stated above.

SIGNATURE: [signature] M.D. — ADDRESS (Street, city, town, state): Delmar, Md. — DATE SIGNED: Nov. 1, 55

23. BURIAL, ~~CREMATION, REMOVAL~~ (SPECIFY): Burial — DATE THEREOF: 11-2-55 — NAME OF CEMETERY ~~OR CREMATORY~~: Mt Olive — LOCATION (City, town, or county) (State): Delmar, Delaware

24. REC'D BY REGISTRAR — DATE: NOV 15 1955 — REGISTRAR'S SIGNATURE: Mary H. Galloway

25. FUNERAL DIRECTOR'S SIGNATURE: W. S. Morel Co. — ADDRESS: Delmar, Del

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10255

10243

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH

COUNTY: Wicomico — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): 12 Salisbury

LENGTH OF STAY (in this place): 2 Mons

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 90 Spring Hill Pr. Sani.

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Wicomico

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Salisbury

STREET ADDRESS (If rural give location): 312 New York Ave., 12 1

3. NAME OF DECEASED (Type or Print): (First) IDA (Middle) MARIA (Last) HOLLAND

4. DATE OF DEATH (Month) 10 (Day) 19 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 29, 1864

9. AGE last birthday: 90 yrs.

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Kendall Massey

14. MOTHER'S MAIDEN NAME: Gertrude Gordy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: W. Tracey Holland, Salisbury, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSE(S) (B) Arteriosclerosis

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

(90F.9)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fracture left femur — 3 months

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 16, 1955, to 10-19, 1955, that I last saw the deceased alive on 10-18, 1955, and that death occurred at 6:00 P.M. from the causes and on the date stated above.

SIGNATURE: Thos G Lusby M.D. — ADDRESS (Street, city, town, state): Salisbury Md — DATE SIGNED: 10-19-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 10/21/1955

NAME OF CEMETERY OR CREMATORY: Parsons Cemetery

LOCATION (City, town, or county) (State): Salisbury, Maryland

24. REC'D BY REGISTRAR — DATE: Oct. 21, 1955 — REGISTRAR'S SIGNATURE: Mary W. Holloway

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: The Hill & Johnson Co. Salisbury, Md

George C Hill II

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this death certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10244

CERTIFICATE OF DEATH

10256

Reg. Dist. No.

1. PLACE OF DEATH

COUNTY: Wicomico — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): 12 Salisbury

LENGTH OF STAY (in this place): 1 Day

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 82 Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Wicomico

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Quantico

STREET ADDRESS (If rural give location): X / 1

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): HURSCHEL THOMAS HOPKINS

4. DATE OF DEATH (Month) (Day) (Year): 10 14 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct, 24, 1907

9. AGE last birthday: 47 yrs.

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gas Station

10b. KIND OF BUSINESS OR INDUSTRY: Attened

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William T. Hopkins

14. MOTHER'S MAIDEN NAME: Sadie Thomas

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: 185-10-2359

17. INFORMANT & ADDRESS: Mrs. H.T.Hopkins, same

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Coronary Artery Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

DUE TO (B) Coronary Atherosclerosis — 9 yrs.

DUE TO (C)

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Paroxysmal Auricular Tachycardia 7 yr

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY: YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 19 48, to Oct. 14, 19 55 that I last saw the deceased alive on Oct. 14, 1955 and that death occurred at ..... M, from the causes and on the date stated above.

SIGNATURE: Earl J. Gilmore M.D. — ADDRESS (Street, city, town, state): Salisbury Md. — DATE SIGNED: Oct. 15, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 10/16/55 — NAME OF CEMETERY OR CREMATORY: ORIOLE ~~Chance~~ Cemetery — LOCATION (City, town, or county) (State): ORIOLE ~~Chance~~, Maryland

24. REC'D BY REGISTRAR: DATE Oct 18, 1955 — REGISTRAR'S SIGNATURE: Mary H. Galloway

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: The Hill & Johnson Co. Salisbury, Md.

Norman T. Baker

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within [redacted] hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10245

CERTIFICATE OF DEATH

10257

Dr. Gardner

Reg. Dist. No. 237

1. PLACE OF DEATH

COUNTY: Wicomico — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Salisbury — 12

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Pen. Gen Hospital — 82

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Wicomico

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Salisbury — 12

STREET ADDRESS (If rural give location): 1009 Phillips Ave. — 1

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) WALLACE (Last) HORSEY

4. DATE OF DEATH (Month) Oct. (Day) 9 th (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 29, 1895

9. AGE last birthday: 60 yrs.

IF UNDER 1 YEAR: Months 8 Days 10

IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Household items

11. BIRTHPLACE (State or foreign country): Easton, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Elmer Horsey

14. MOTHER'S MAIDEN NAME: Emma Butler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.): Unk (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Mary W. Horsey (Wife) 1009 Phillips Ave. Salisbury, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 IMMEDIATE CAUSE (A) CORONARY OCCLUSION, R+L Lft. CORONARY ARTERIES — 8 mos + 3 dAS.

DUE TO (B) Thrombosis — 3 dAS

DUE TO (C) ARTERIOSCHEROTIC CARDIOVASCULAR DS — (?)

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.):

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work [ ] Not while at work [ ]

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1955, to Oct 9, 1955, that I last saw the deceased alive on 10/9, 1955, and that death occurred at 5:20 P.M., from the causes and on the date stated above.

SIGNATURE Rufus S. Gardner Jr. M.D. **ADDRESS** (Street, city, town, state) 321 S. Division St Salisbury, Md. **DATE SIGNED** Oct. 10 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: Oct. 12, 1955

NAME OF CEMETERY OR CREMATORY: Wicomico Memorial Park

LOCATION (City, town, or county) (State): Salisbury, Maryland

24. REC'D BY REGISTRAR — DATE Oct. 11, 1955 — REGISTRAR'S SIGNATURE Mary H. Halloway

25. FUNERAL DIRECTOR'S SIGNATURE: HOLLOWAY & COMPANY — ADDRESS: SALISBURY MARYLAND

10246

10258

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Worcester
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bishopville
STREET ADDRESS (If rural, give location) Rural — Route 113

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) M. (Last) Hudson

4. DATE OF DEATH (Month) 10 (Day) 28 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: Mar. 6, 1886

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Dukes

14. MOTHER'S MAIDEN NAME: Lena Murray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Martha Bunting, Bishopville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

825X

Immediate cause (a) Concussion of Brain, Cerebral Laceration — less than 1 day

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Fractures of pelvis, left femur, Lacerations of face, etc.

DUE TO

(c) Auto. accident

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway Rt. 113

21c. (City or town) Bishopville (County) Worcester (State) Md

21d. TIME OF INJURY (Month) Oct (Day) 25 (Year) 55 (Hour) 4:00 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR? Auto. accident

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE N. E. Bartosus M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 10/28/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 10/30/55

NAME OF CEMETERY OR CREMATORY Odd Fellows

LOCATION (City, town, or county) Bishopville (State) Md

DATE REC'D BY LOCAL REG. 11-1-55

REGISTRAR'S SIGNATURE Mary H. Holloway

24. FUNERAL DIRECTOR Henry H. Watson

ADDRESS Pocomoke City, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within [redacted] hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10247

CERTIFICATE OF DEATH

10259

Reg. Dist. No. 332

1. PLACE OF DEATH

COUNTY Wicomico — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 Salisbury

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 82 Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Wicomico

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury X

STREET ADDRESS (If rural give location) West road # 2

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Jackson

4. DATE OF DEATH (Month) (Day) (Year) October 29 1955

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH October 29-1955

9. AGE last birthday yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours 7, Min. 4

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Nathaniel Jackson

14. MOTHER'S MAIDEN NAME Mary Lee Wilson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS Mary Lee Jackson + Nathaniel Jackson

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

762.5 IMMEDIATE CAUSE (A) Atelectasis

ANTECEDENT CAUSE(S) DUE TO (B) Prematurity

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/29/, 1955, to 10/29/, 1955, that I last saw the deceased alive on 10/29, 1955, and that death occurred at 9 A.M. from the causes and on the date stated above.

SIGNATURE William C. Morgan M.D. — ADDRESS (Street, city, town, state) Salisbury Md — DATE SIGNED 10/29/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation — DATE THEREOF 10/31/55 — NAME OF CEMETERY OR CREMATORY Peninsula General Hospital — LOCATION (City, town, or county) Salisbury (State) md.

24. REC'D BY REGISTRAR DATE 10-31-55 — REGISTRAR'S SIGNATURE Mary W Holloway

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS Peninsula General Hospital

2005246991

10284

10260 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 252

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Hebron
LENGTH OF STAY (in this place) ~~10 months~~
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE California COUNTY San Diego
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN San Diego 43X-3
STREET ADDRESS (If rural, give location) 4557 West Talmadge Drive

3. NAME OF DECEASED: (Type or Print) (First) Donald (Middle) Gordon (Last) Jackson

4. DATE OF DEATH (Month) 10 (Day) 6 (Year) 19 55

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5-17-21

9. AGE last birthday: 34 yrs. | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Pilot-USN

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy

11. BIRTHPLACE (State or foreign country): California

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles B. Jackson

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) 6-9-43 to date

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: U.S. Navy Official Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

860X

Immediate cause (a) Crushed Skull — INTERVAL BETWEEN ONSET AND DEATH: Sudden

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Plane

21c. (City or town) Hebron (County) Wicomico (State) Md

21d. TIME OF INJURY (Month) 10 (Day) 6 (Year) 55 (Hour) 7:30 p.m.

21e. INJURY OCCURRED While at work ☒ Not while at work ☐

21f. HOW DID INJURY OCCUR? Plane Crash — mid air collision

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 10-7-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 10-11-55

NAME OF CEMETERY OR CREMATORY Arlington National

LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. 10-10-55

REGISTRAR'S SIGNATURE [signature] Mary H. Holloway

24. FUNERAL DIRECTOR O. B. Robinson

ADDRESS Leonardtown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

Dr. Royer, Earl (Med Exam)

10261

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 332

1. PLACE OF DEATH: 10248
COUNTY: Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Salisbury
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Pen. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Wicomico
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural, give location): 406 Hammond St.

3. NAME OF DECEASED: (Type or Print) (First) EARL (Middle) WALTON (Last) JERMAN

4. DATE OF DEATH (Month) Oct. (Day) 6 th (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 9, 1908

9. AGE last birthday: 46 yrs. IF UNDER 1 YEAR: Months 11 Days 27 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Furnature Co.

11. BIRTHPLACE (State or foreign country): Willards, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George H. Jerman

14. MOTHER'S MAIDEN NAME: Lula V. Downs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Mattie J. Jerman (Wife) 406 Hammond St. Salisbury, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bullet wound of Brain

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 10-6-55 6.35 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Self inflicted 22 cal. Rifle

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE: Earl Royer M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED: Oct. 6 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Oct. 9, 1955

NAME OF CEMETERY OR CREMATORY: Wicomico Memorial Park

LOCATION (City, town, or county) (State): Salisbury, Maryland

DATE REC'D BY LOCAL REG.: 10-7-55

REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: HOLLOWAY & COMPANY

ADDRESS: SALISBURY MARYLAND

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within [illegible] hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10285

10262

CERTIFICATE OF DEATH

Items 8,9, FilmG188 11-8-55 et

Reg. Dist. No.

1. PLACE OF DEATH

COUNTY Wicomico — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Quantico

LENGTH OF STAY (In this place) Life

HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 —

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md COUNTY Wicomico

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X

STREET ADDRESS (If rural give location) Quantico

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) (Last) Jones

4. DATE OF DEATH (Month) 10 (Day) 18 (Year) 1955

5. SEX Female

6. COLOR OR RACE Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Wid.

8. DATE OF BIRTH 8-11-84

9. AGE last birthday 71 yrs.

IF UNDER 1 YEAR: Months | Days

IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (State or foreign country) Quantico

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME ?

14. MOTHER'S MAIDEN NAME Nancy Peters

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 212-16-7052

17. INFORMANT & ADDRESS Arthur Conway

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A) Cerebral Vascular Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 days

ANTECEDENT CAUSE(S) DUE TO (B) Generalized Arteriosclerosis — 8 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/30, 1951, to 10/18, 1955, that I last saw the deceased alive on 10/18, 1955, and that death occurred at 5:20 P.M. from the causes and on the date stated above.

SIGNATURE Richard H. Saunders M.D. ADDRESS (Street, city, town, state) Pocomoke Md. DATE SIGNED 10/19/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 10-23-55 — NAME OF CEMETERY OR CREMATORY White Haven Cem — LOCATION (City, town, or county) White Haven (State) Md

24. REC'D BY REGISTRAR DATE OCT 25 1955

REGISTRAR'S SIGNATURE Mary H. Holloways

25. FUNERAL DIRECTOR'S SIGNATURE Booker M. Coast — ADDRESS

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10263
09200

10249 CERTIFICATE OF DEATH

Dr. Gilmore

Reg. Dist. No.

1. PLACE OF DEATH

COUNTY: Wicomico — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Salisbury — 12

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Pen. Gen. Hospital — 82

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Wicomico

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Salisbury — 12

STREET ADDRESS (If rural give location): 902 North Division St. — 1

3. NAME OF DECEASED (Type or Print): (First) WALTER (Middle) WOOLFORD (Last) JONES

4. DATE OF DEATH (Month) Oct. (Day) 2 nd (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 14, 1893

9. AGE last birthday: 62 yrs.

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired - Postal Clerk U.S. Post Office

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kingston, Maryland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George W. Jones

14. MOTHER'S MAIDEN NAME: Carrie L. Farlow

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): W.W. # 1

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Maddia B. Jones (Wife) 902 S. Div. St. Salisbury, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 X IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

ANTECEDENT CAUSE(S) DUE TO (B) Cerebral Atherosclerosis — 2 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Hypertension, Essential

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 28, 1955, to Oct. 2, 1955 that I last saw the deceased alive on Oct. 2, 1955, and that death occurred at ..... M, from the causes and on the date stated above.

SIGNATURE: David F. Gilmore M.D. — ADDRESS (Street, city, town, state): Camden Ave. Salisbury, Maryland — DATE SIGNED: Oct. 3 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: Oct. 4, 1955 — NAME OF CEMETERY OR CREMATORY: Parsons Cemetery — LOCATION (City, town, or county) (State): Salisbury, Maryland

24. REC'D BY REGISTRAR — DATE: Oct 6, 1955 — REGISTRAR'S SIGNATURE: Mary H. Holloway

25. FUNERAL DIRECTOR'S SIGNATURE: HOLLOWAY & COMPANY — ADDRESS: SALISBURY MARYLAND

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10250

CERTIFICATE OF DEATH

10263

Reg. Dist. No. .....

1. PLACE OF DEATH

COUNTY Wicomico — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 Salisbury

LENGTH OF STAY (in this place) 1 month

HOSPITAL OR INSTITUTION OR STREET ADDRESS 91 Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Anne Arundel

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marley Park 02 X-2

STREET ADDRESS (If rural give location) Forrest Avenue

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) (Last) Khlem

4. DATE OF DEATH (Month) Oct. (Day) 3 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 2/10/1893

9. AGE last birthday: 62 yrs.

IF UNDER 1 YEAR: Months ___ Days ___

IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: – –

11. BIRTHPLACE (State or foreign country): Chicago, Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Oscar Khlem

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X IMMEDIATE CAUSE (A) Cerebral embolism — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

DUE TO (B) Ca. of the right lung — 12 months ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Status post pneumonectomy — $2\frac{1}{2}$ months

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 30, 19 55, to Oct. 3, 19 55, that I last saw the deceased alive on Oct. 2, 19 55, and that death occurred at 5:50A M, from the causes and on the date stated above.

SIGNATURE J. N. Hallaway M.D. — ADDRESS (Street, city, town, state) Deer's Head State Hospital Salisbury, Maryland — DATE SIGNED 10/3/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF 10/ /55 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): Warren, Ohio

24. REC'D BY REGISTRAR — DATE Oct. 10, 1955 — REGISTRAR'S SIGNATURE Mary L. Holloway

25. FUNERAL DIRECTOR'S SIGNATURE The Hill & Johnson Co. — ADDRESS Salisbury, Md

George C. Hill

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10264

10251

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 SALisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 82 Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SALisbury Route #5. X 1
STREET ADDRESS (If rural give location) Quantico Road.

3. NAME OF DECEASED: (Type or Print) (First) SARAH (Middle) (Last) LARMORE.

4. DATE OF DEATH: (Month) October (Day) 2 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: June 25-1871
9. AGE last birthday 84 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Talbot Co. Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph A. Harrison
14. MOTHER'S MAIDEN NAME: Sarah Gorsuch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Mrs. Charles Nichols Sr.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.2 IMMEDIATE CAUSE (A) Pulmonary Infarction — INTERVAL BETWEEN ONSET AND DEATH: 4-5 DAS.

DUE TO

ANTECEDENT CAUSE (S) (B) Angina Pectoris — 2-3 MOS

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Arteriosclerotic Cardiovascular Dis. YRS.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Congestive Heart Failure

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 12, 1955, to Oct. 2, 1955, that I last saw the deceased alive on Oct. 1, 1955, and that death occurred at 7:48 AM, from the causes and on the date stated above.

SIGNATURE Rufus L. Gardner, Jr. M. D. ADDRESS 321 S. Div. St. Salisbury, Md. DATE SIGNED 10/3/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)
DATE THEREOF 10-4-55
NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery
LOCATION (City, town, or county) (State) Easton, Md

DATE REC'D BY LOCAL REGISTRAR 10-3-55
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR James Thiman
ADDRESS Princess Anne Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within [redacted] hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this death certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10252

CERTIFICATE OF DEATH

10266

Reg. Dist. No.

1. PLACE OF DEATH

COUNTY Wicomico MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 Salisbury

LENGTH OF STAY (in this place) Since 10/20/55

HOSPITAL OR INSTITUTION OR STREET ADDRESS 05 Pine Bluff State Hospital Salisbury, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Dorchester

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge 09-13-2

STREET ADDRESS (If rural give location) 102 Choptank Ave. ✓

3. NAME OF DECEASED (Type or Print) (First) Jacob (Middle) (Last) Levy

4. DATE OF DEATH (Month) Oct. (Day) 29 (Year) 19 55

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH September 15, 1880

9. AGE last birthday 75 yrs.

IF UNDER 1 YEAR: Months 1 Days 14

IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Austria

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Abraham Levy

14. MOTHER'S MAIDEN NAME Annie Faugothner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) Unk (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 220-32-9871

17. INFORMANT & ADDRESS Deceased when admitted to Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002X IMMEDIATE CAUSE (A) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr. 10 mo.

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 20, 19 55, to Oct. 29, 19 55, that I last saw the deceased alive on Oct. 29, 19 55, and that death occurred at 7:15p M, from the causes and on the date stated above.

SIGNATURE [signature] M.D. ADDRESS (Street, city, town, state) Salisbury, Maryland DATE SIGNED 10/29/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 10-31-1955 — NAME OF CEMETERY OR CREMATORY BALTO. HEBREW — LOCATION (City, town, or county) (State) BALTO. MD

24. REC'D BY REGISTRAR NOV 1 1955 DATE — REGISTRAR'S SIGNATURE Mary W. Holloway

25. FUNERAL DIRECTOR'S SIGNATURE Jack Lewis Inc — ADDRESS 2100 Eutaw Place

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within [illegible] hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this death certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10286

CERTIFICATE OF DEATH

10267

Reg. Dist. No.

1. PLACE OF DEATH

COUNTY Wicomico — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X WILLARDS — LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE MD — COUNTY WICOMICO

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WILLARDS X

STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED (Type or Print) (First) RAYMOND (Middle) CALVIN (Last) LEWIS

4. DATE OF DEATH (Month) OCT. (Day) 28 (Year) 1955

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: APRIL 15, 1907

9. AGE last birthday: 48 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MACHINIST HELPER

10b. KIND OF BUSINESS OR INDUSTRY: SHIRT FACTORY

11. BIRTHPLACE (State or foreign country): WILLARDS MD

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: ERNEST LEWIS

14. MOTHER'S MAIDEN NAME: ANNA ELIZABETH TRUITT

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: MRS. R.C. LEWIS, WILLARD MD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2 IMMEDIATE CAUSE (A) Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8, 1955, to 10-28, 1955, that I last saw the deceased alive on 10-28, 1955, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

SIGNATURE: Frank Lewis M.D. — ADDRESS (Street, city, town, state): Willards Maryland — DATE SIGNED: 11-1-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL — DATE THEREOF: 11/2/55 — NAME OF CEMETERY OR CREMATORY: LEWIS — LOCATION (City, town, or county) (State): WILLARDS MD

24. REC'D BY REGISTRAR — DATE: NOV 3 1955 — REGISTRAR'S SIGNATURE: Mary H. Galloway

25. FUNERAL DIRECTOR'S SIGNATURE: Anna A. Burbage — ADDRESS: Berlin Md

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within [redacted] hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10253

CERTIFICATE OF DEATH

10268

Reg. Dist. No.

1. PLACE OF DEATH

COUNTY Wicomico — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 Salisbury — LENGTH OF STAY (in this place) 1 Mon.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Sp. Hill Pr. San.

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Wicomico

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury

STREET ADDRESS (If rural give location) 1012 Riverside Dr.

3. NAME OF DECEASED (Type or Print) (First) SARAH (Middle) LEWIS (Last) McBRIETY

4. DATE OF DEATH (Month) 10 (Day) 12 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan. 5, 1884

9. AGE last birthday: 71 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Lewis

14. MOTHER'S MAIDEN NAME: Sallie Rayne

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Lewis J. McBriety, Salisbury, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4442X IMMEDIATE CAUSE (A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSE(S) DUE TO (B) Arteriosclerotic Hypertension — 4 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) cardiovascular renal disease

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/11/55 19, to, 19, that I last saw the deceased alive on 10/11/ 19 55, and that death occurred at 8:30 P.M, from the causes and on the date stated above.

SIGNATURE [signature] M.D. ADDRESS (Street, city, town, state) DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 10/14/55 — NAME OF CEMETERY OR CREMATORY: Parsons Cemetery — LOCATION (City, town, or county) (State): Salisbury, Maryland

24. REC'D BY REGISTRAR — DATE OCT 17 1955 — REGISTRAR'S SIGNATURE Mary W. Holloway

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: The Hill & Johnson Co. Salisbury, Md.

Norman T. Robins

10287

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. 10269

No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Salisbury
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R.D. # 1 (Shad Point)

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural, give location): R.D. # 1 (Shad Point)

3. NAME OF DECEASED: (Type or Print) (First) ROBERT (Middle) HOWARD (Last) McCORKLE

4. DATE OF DEATH: (Month) Oct. (Day) 30 th (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 1, 1911

9. AGE last birthday: 44 yrs. — IF UNDER 1 YEAR: Months 5, Days 29 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Route Man

10b. KIND OF BUSINESS OR INDUSTRY: Newspaper Employee

11. BIRTHPLACE (State or foreign country): Rock Hill S. C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jefferson Davis McCorkle

14. MOTHER'S MAIDEN NAME: Sarah Elizabeth Alexander

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) Navy WW II

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Visula K. McCorkle (Wife) R.D. # 1 (Shad Point) Salisbury, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

241X

Immediate cause (a) Bronchial Asthma, Acute. — [illegible]

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED Oct. 31 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Nov. 2, 1955 — NAME OF CEMETERY OR CREMATORY: Shad Point Cemetery — LOCATION (City, town, or county) (State): Shad Point (Near Salisbury Md.)

DATE REC'D BY LOCAL REG. 10-31-55 — REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR HOLLOWAY & COMPANY — ADDRESS SALISBURY MARYLAND

VS. A15A - 5 - 53

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10254

CERTIFICATE OF DEATH

10270

Reg. Dist. No.

1. PLACE OF DEATH

COUNTY Wicomico — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 Salisbury — LENGTH OF STAY (in this place) 3½ yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 91 Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Somerset

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marion 19X-2

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Sadie (Middle) Lee (Last) Meredith

4. DATE OF DEATH (Month) Oct. (Day) 13 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	11/25/1883	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework	Housework	Fairmount, Maryland	USA

13. FATHER'S NAME: Isaac Hurley

14. MOTHER'S MAIDEN NAME: Manie Ford

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE (A) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 min.

DUE TO

ANTECEDENT CAUSE(S) (B) Arteriosclerotic heart disease — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) — 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 19 52, to Oct. 13, 19 55, that I last saw the deceased alive on Oct. 13, 19 55, and that death occurred at 7 P. M, from the causes and on the date stated above.

SIGNATURE	M.D.	ADDRESS (Street, city, town, state)	DATE SIGNED
L. V. Maldve	L.V. Maldve, M.D.	Deer's Head Hospital Salisbury, Maryland	10/14/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct.15,1955	Fairmount Cemetery	Fairmount, Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
10-17-55	Mary W. Holloway	Bradshaw & Sons	Crapfield, Md.

10255

10271
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Salisbury 12
STREET ADDRESS (If rural, give location) 518 Commerce St. 1

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Alice (Last) Meyers

4. DATE OF DEATH (Month) 10 (Day) 4 (Year) 1955

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: May 20, 1918
9. AGE last birthday: 37 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Marion Disheroon
14. MOTHER'S MAIDEN NAME: Maggie Parsons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: John E. Meyers, 518 Commerce St. Salisbury, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

260X

Immediate cause (a) Hypoglycemia — INTERVAL BETWEEN ONSET AND DEATH 24 hrs

DUE TO

Antecedent cause(s) (b) Diabetes Mellitus — 7 yrs

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY
21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Earl L Royer M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 10-6-55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF OCT. 6, 1955
NAME OF CEMETERY OR CREMATORY PARSONS CEMETERY
LOCATION (City, town, or county) (State) SALISBURY, MARYLAND

DATE REC'D BY LOCAL REG. 10-6-55
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Thomas F. Walker
ADDRESS Salisbury, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this death certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

10256

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10272

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH

COUNTY: Wicomico — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Salisbury

LENGTH OF STAY (in this place): 2 weeks

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Wicomico Worc.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): West Ocean City 23-2

STREET ADDRESS (If rural give location): Rural ✓

3. NAME OF DECEASED (Type or Print): (First) Mealie (Middle) (Last) Mitchell

4. DATE OF DEATH (Month) 10 (Day) 16 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: A.A.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 1891

9. AGE last birthday: 64 yrs.

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Canning Factory

11. BIRTHPLACE (State or foreign country): Ahoskey, North Carolina

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jerry Mitchell

14. MOTHER'S MAIDEN NAME: Betty Hardy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Newport News, Va. Willie Mitchell, 2108 Madison Ave.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) 4201 Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 days

DUE TO

ANTECEDENT CAUSE(S) (B) Arteriosclerosis — Indefinite

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 Oct, 19 55, to 14 Oct, 19 55, that I last saw the deceased alive on 14 Oct, 19 55, and that death occurred at 7 a.m. M, from the causes and on the date stated above.

SIGNATURE: R Burnell, M.D. — ADDRESS (Street, city, town, state): 612 W Main Salisbury Md. — DATE SIGNED: 18 Oct 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 10-20-55

NAME OF CEMETERY OR CREMATORY: Curtis Cemetery

LOCATION (City, town, or county) (State): near Whaleyville, Worc. Co. Md.

24. REC'D BY REGISTRAR DATE: OCT 20 1955

REGISTRAR'S SIGNATURE: Mary N. Holloway

25. FUNERAL DIRECTOR'S SIGNATURE: Mary A. Stewart — ADDRESS: 324 E. Church St Salisbury Md.

10288

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 10273

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Pittsville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route# 50

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 511 Jackson St.

3. NAME OF DECEASED: (Type or Print) (First) MILTON (Middle) LEONARD (Last) MITCHELL
4. DATE OF DEATH (Month) OCT. (Day) 29 (Year) 19 55
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: May 13, 1893
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Produce Broker
10b. KIND OF BUSINESS OR INDUSTRY: Fruit & Produce
11. BIRTHPLACE (State or foreign country): Berlin, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William Mitchell
14. MOTHER'S MAIDEN NAME: Annie B. Holland
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Minnie Cropper (Sister) Ocean City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

816X

Immediate cause (a) Crushed Chest — Sudden

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street
21c. (City or town) Pittsville (County) Wicomico (State) Md.
21d. TIME OF INJURY (Month) 10 (Day) 29 (Year) 55 (Hour) 11:30 A.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Collision Motor Chevrolet

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Earl L. Kryze M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED Oct. 31 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Nov. 2, 1955
NAME OF CEMETERY OR CREMATORY Parsons Cemetery
LOCATION (City, town, or county) (State) Salisbury, Maryland

DATE REC'D BY LOCAL REG. 10-31-55
REGISTRAR'S SIGNATURE Maryll. Holloway
24. FUNERAL DIRECTOR HOLLOWAY & COMPANY
ADDRESS SALISBURY MARYLAND

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within [redacted] hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

M

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10257

CERTIFICATE OF DEATH

10274

Reg. Dist. No.....

1. PLACE OF DEATH

COUNTY: Wicomico — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Salisbury — LENGTH OF STAY (in this place): About 30 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: At home - 332 Catherine St.

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Wicomico

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Salisbury

STREET ADDRESS (If rural give location): 332 Catherine Street

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) James (Last) Pitts

4. DATE OF DEATH (Month) 10 (Day) 15 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: A.A.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: About 1860

9. AGE last birthday: About 95 yrs.

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Brick Kiln

11. BIRTHPLACE (State or foreign country): Berlin, Worcester Co., Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel James Pitts

14. MOTHER'S MAIDEN NAME: Sarah Penniwell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: Yes - lost

17. INFORMANT & ADDRESS: Thomas L. Pitts, R.R. Ave. Berlin, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

593X

IMMEDIATE CAUSE (A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 Weeks

ANTECEDENT CAUSE(S) DUE TO (B) Glomerulonephritis — 6 months

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Oct, 19 55, to 15 Oct, 19 55, that I last saw the deceased alive on 15 Oct, 19 55, and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE: Burnell, M.D. — ADDRESS (Street, city, town, state): 652 W. main St, Salisbury Md — DATE SIGNED: 18 Oct 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 10-20-55 — NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery — LOCATION (City, town, or county) (State): Berlin, Worcester Co., Md.

24. REC'D BY REGISTRAR — DATE: OCT 20 1955 — REGISTRAR'S SIGNATURE: Mary H. Holloway

25. FUNERAL DIRECTOR'S SIGNATURE: Mary A. Stewart — ADDRESS: 324 E. Church St Salisbury Md.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within [redacted] hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A13C 1-55 10M

M

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10258

CERTIFICATE OF DEATH

10275

Reg. Dist. No.

1. PLACE OF DEATH

COUNTY Wicomico — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 Salisbury

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 82 Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Wicomico

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury 12

STREET ADDRESS (If rural give location) 302 Delaware Street

3. NAME OF DECEASED (Type or Print) (First) Richard (Middle) (Last) Purnell

4. DATE OF DEATH (Month) October (Day) 2 (Year) 1955

5. SEX M

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 7-29-07

9. AGE last birthday 48 yrs.

IF UNDER 1 YEAR: Months 2, Days 3

IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Morris' Mill

11. BIRTHPLACE (State or foreign country) Salisbury, Wicomico Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Bruce Purnell

14. MOTHER'S MAIDEN NAME Lillian Barclay

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 217-10-3914

17. INFORMANT & ADDRESS Mrs. Sara W. Purnell 302 Delaware St. Salisbury, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

593X IMMEDIATE CAUSE (A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

DUE TO (B) Glomerulonephritis — 6 months

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 April, 1955, to 2 Oct, 1955, that I last saw the deceased alive on 2 Oct, 1955, and that death occurred at 11:45 P.M., from the causes and on the date stated above.

SIGNATURE S. Purnell, MD M.D. — ADDRESS (Street, city, town, state) 622 Main St. Salisbury Md — DATE SIGNED 5 Oct 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 10-6-55 — NAME OF CEMETERY OR CREMATORY Green Acres Memorial Park — LOCATION (City, town, or county) Salisbury Wicomico Co. (State) Md.

24. REC'D BY REGISTRAR DATE Oct. 10, 1955 — REGISTRAR'S SIGNATURE Mary H. Holloway

25. FUNERAL DIRECTOR'S SIGNATURE Mary A. Stewart — ADDRESS 324 E. Church St Salisbury, Md.

10259

10276
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Pen. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural, give location): Ocean City Rd. #R.D. #3

3. NAME OF DECEASED (Type or Print): (First) WILLIE (Middle) ANNA (Last) REDDISH

4. DATE OF DEATH: (Month) OCT. (Day) 16th (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 22, 1879

9. AGE last birthday: 76 yrs. — IF UNDER 1 YEAR: Months 4, Days 24 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): House Work

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Quantico, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Phippin

14. MOTHER'S MAIDEN NAME: Ianthan Bailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Leroy Smith (Daughter) Ellegood St. (Pemberton) Salisbury, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Generalized Peritonitis	3 days
DUE TO			
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Perforated Bladder	3 days
DUE TO			
	(c)	Chronic Cystitis	3 months

605X

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 10-13-55

19b. MAJOR FINDING OF OPERATION: Perforated Bladder

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☒ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home

21c. (City or town) Salisbury (County) Wicomico (State) Md.

21d. TIME OF INJURY (Month) 10 (Day) 13 (Year) 55 (Hour) A.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Perforated Bladder Cystitis

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: [signature] M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED: Oct. 18 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Oct. 20, 1955

NAME OF CEMETERY OR CREMATORY: Parsons Cemetery

LOCATION (City, town, or county) (State): Salisbury, Maryland

DATE REC'D BY LOCAL REG.: 10-18-55

REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR HOLLOWAY & COMPANY — ADDRESS: SALISBURY MARYLAND

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10277

10289

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Willards
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Willards
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) Arnold (Middle) Sidney (Last) Richardson

4. DATE OF DEATH: (Month) Oct. (Day) 10 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: Jan 16, 1882 | 9. AGE last birthday: 73 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10B. KIND OF BUSINESS OR INDUSTRY: own farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Sidney Richardson
14. MOTHER'S MAIDEN NAME: Moriah Ellis Parsons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ✓ (If Yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Mrs Lillie Richardson Willards, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
IMMEDIATE CAUSE (A) Coronary occlusion (thrombosis) — 2 hours.
DUE TO
ANTECEDENT CAUSE (S) (B) Hypertension, arteriosclerosis — 10 yrs
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) —
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. —
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 1945, 19....., to 10-10, 1955, that I last saw the deceased alive on 10-10, 1955, and that death occurred at 3:45 PM, from the causes and on the date stated above.

SIGNATURE Frank Lewis M. D. ADDRESS Willards Md DATE SIGNED 10-11-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Oct. 13, 1955 | NAME OF CEMETERY OR CREMATORY Pittsville | LOCATION (City, town, or county) (State) Pittsville Md.

DATE REC'D BY LOCAL REGISTRAR 10-13-55 | REGISTRAR'S SIGNATURE Mary W. Holloway | 24. FUNERAL DIRECTOR Peter Whaley | ADDRESS Selbyville, Del.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

10260

11387
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 10 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Accomac
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Wattsville,
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) T (Last) Robinson

4. DATE OF DEATH (Month) (Day) (Year) 10-30-55 19

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Aug. 15, 1907
9. AGE last birthday: 48 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Civil Service
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): South Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James O. Robinson
14. MOTHER'S MAIDEN NAME: Katie Prister

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 2nd World
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs. Grace Robinson, Wattsville, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Fractured skull	1 hr. 10 Min.
DUE TO			
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)		
DUE TO			
	(c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home
21c. (City or town) Wattsville ; (County) Accomac, (State) Virginia
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-30-55 3:40 P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Fell down the cellar steps at home.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Earl L. Rouse M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
~~ASSISTANT MEDICAL EXAM.~~ ☐
DATE SIGNED 10-30-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Nov. 2, 1955
NAME OF CEMETERY OR CREMATORY John Taylor Memorial
LOCATION (City, town, or county) (State) Temperanceville, Va.

DATE REC'D BY LOCAL REG. 11-2-55
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR William B. Sayers
ADDRESS Chincoteague, Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 72 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10261

CERTIFICATE OF DEATH

10278 329

Reg. Dist. No. 290

1. PLACE OF DEATH

COUNTY Wicomico — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 Salisbury

LENGTH OF STAY (in this place) 3½ months

HOSPITAL OR INSTITUTION OR STREET ADDRESS 91 Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Talbot

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 20 X-2

STREET ADDRESS (If rural give location) Route # 4, Box 68

3. NAME OF DECEASED (Type or Print) (First) Emma (Middle) E. (Last) Ross

4. DATE OF DEATH (Month) Oct. (Day) 12 (Year) 1955

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 3/12/1875

9. AGE last birthday 80 yrs.

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown

10b. KIND OF BUSINESS OR INDUSTRY — —

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Lewis Mullekin

14. MOTHER'S MAIDEN NAME Louise Winterbottom

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

463X IMMEDIATE CAUSE (A) Coronary embolism — INTERVAL BETWEEN ONSET AND DEATH: 30 minutes

ANTECEDENT CAUSE(S) DUE TO (B) Thrombo phlebitis - left femoral vein — 7 days

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis - general — ?

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/21, 1955, to Oct. 12, 1955, that I last saw the deceased alive on Oct. 12, 1955, and that death occurred at 4:00P M, from the causes and on the date stated above.

SIGNATURE L. V. Maldve, M.D. — L.V.Maldve,M.D.; M.D. — ADDRESS (Street, city, town, state) Deer's Head Hospital Salisbury, Maryland — DATE SIGNED 10/12/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Oct. 15/1955 — NAME OF CEMETERY OR CREMATORY Spring Hill — LOCATION (City, town, or county) (State) Easton Md.

24. REC'D BY REGISTRAR DATE 10/14/55 — REGISTRAR'S SIGNATURE Mary H. Holloway

25. FUNERAL DIRECTOR'S SIGNATURE Maurice E. Mooney Son — ADDRESS

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 72 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this death certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A13C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10290 10279

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH

COUNTY: Wicomico — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Salisbury

LENGTH OF STAY (in this place): 47 Yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 50 Rt# 2

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Wicomico

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Salisbury X

STREET ADDRESS (If rural give location): 1 Spring Hill Rd.,

3. NAME OF DECEASED (Type or Print): (First) LAURA (Middle) POWELL (Last) ROUNDS

4. DATE OF DEATH (Month) 10 (Day) 23 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan. 29, 1873

9. AGE last birthday: 82 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Josiah Powell

14. MOTHER'S MAIDEN NAME: Sallie Brittingham

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Lulia R. Twilley, Quantico, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X IMMEDIATE CAUSE (A) Cerebral Hemorrhage — 6 days

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Arteriosclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 17th, 1955, to Oct. 23rd, 1955, that I last saw the deceased alive on Oct. 23rd, 1955, and that death occurred at 10:55 AM, from the causes and on the date stated above.

SIGNATURE: William Emrich M.D. — ADDRESS (Street, city, town, state): Helen Md — DATE SIGNED: Oct 24 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 10/25/55 — NAME OF CEMETERY OR CREMATORY: Parsons Cemetery — LOCATION (City, town, or county) (State): Salisbury, Maryland

24. REC'D BY REGISTRAR — DATE: 10-25-55 — REGISTRAR'S SIGNATURE: Mary W. Holloway

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: The Hill & Johnson Co. Salisbury, Maryland

Norman T. Balser

Dr. Brickle

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10280

10262

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 82 Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Delaware COUNTY Sussex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seaford RURAL 46X-3
STREET ADDRESS (If rural give location) R.F.D. #2 SEAFORD-LAUREL HIGHWAY

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Rust (Last) Sampson

4. DATE OF DEATH: (Month) Oct. (Day) 27 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED
8. DATE OF BIRTH: MARCH 27, 1881
9. AGE last birthday 74 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER
10B. KIND OF BUSINESS OR INDUSTRY: BUILDING CONSTRUCTION
11. BIRTHPLACE (State or foreign country): BRIDGEVILLE, DELAWARE
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: CHARLES SAMPSON
14. MOTHER'S MAIDEN NAME: SARAH BAKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) –
16. SOCIAL SECURITY NO. 214-12-6853
17. INFORMANT & ADDRESS: MRS IDA A. SAMPSON; SEAFORD, DEL.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

156.1

IMMEDIATE CAUSE (A) Carcinoma of liver — Months

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-9, 1955, to 10-27, 1955, that I last saw the deceased alive on 10-26, 1955, and that death occurred at 5 AM, from the causes and on the date stated above.

SIGNATURE J. A. Brickle M.D. ADDRESS 226 N. Division DATE SIGNED 10.27.55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF OCT 30, 1955
NAME OF CEMETERY OR CREMATORY BRIDGEVILLE CEMETERY
LOCATION (City, town, or county) (State) BRIDGEVILLE, DELAWARE

DATE REC'D BY LOCAL REGISTRAR 10-31-55
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR MEDFORD L. WATSON; ADDRESS SEAFORD, DELAWARE

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10263

CERTIFICATE OF DEATH

10281

Reg. Dist. No. 32

1. PLACE OF DEATH

COUNTY: Wicomico — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): 12 Salisbury

LENGTH OF STAY (in this place): 1 week

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00 147 Upton Street

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Wicomico

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Salisbury 12

STREET ADDRESS (If rural give location): 147 Upton Street 1

3. NAME OF DECEASED (Type or Print): (First) Arthur (Middle) Milton (Last) Scott

4. DATE OF DEATH (Month) Oct. (Day) 24 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 11, 1891

9. AGE last birthday: 64 yrs.

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lumberman

10b. KIND OF BUSINESS OR INDUSTRY: Lumber

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Arthur W. Scott

14. MOTHER'S MAIDEN NAME: Ida Bodboy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.): no — (If Yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Donald P. Scott, Salisbury, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

434.1 IMMEDIATE CAUSE (A) Congestive heart failure — Hours

DUE TO (B) cor pulmonale — 3 yrs.

DUE TO (C) pulmonary fibrosis — 5 yr.

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. 002X

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. pulmonary tuberculosis — 3 yr.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 19 55, to Oct 24, 19 55, that I last saw the deceased alive on Oct 24, 19 55, and that death occurred at 8 05 P.M. from the causes and on the date stated above.

SIGNATURE: S M Beardsley M.D. — ADDRESS (Street, city, town, state): Salisbury Md — DATE SIGNED: 10/25/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 10/26/1955 — NAME OF CEMETERY OR CREMATORY: Wicomico Mem. Park — LOCATION (City, town, or county) (State): Salisbury, Maryland

24. REC'D BY REGISTRAR — DATE: Oct. 28, 1955 — REGISTRAR'S SIGNATURE: Mary H. Holloway

25. FUNERAL DIRECTOR'S SIGNATURE: Thomas H. Wallace — ADDRESS: Salisbury, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10282

10264

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) Summers (Last)

4. DATE OF DEATH: (Month) October (Day) 6 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sep.
8. DATE OF BIRTH: Feb. 5, 1903
9. AGE last birthday 52 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Florida
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Julius Summers
14. MOTHER'S MAIDEN NAME: Maggie —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Martha Ross.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157X

IMMEDIATE CAUSE (A) Carcinoma of pancreas with liver metastasis — INTERVAL BETWEEN ONSET AND DEATH 2 month

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION Carcinoma of pancreas c̄ metastasis.
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-19-, 1955, to 10-6-, 1955, that I last saw the deceased alive on 10-5-, 1955, and that death occurred at 4:35A M, from the causes and on the date stated above.

SIGNATURE William H. Fitchett Jr. M. D. ADDRESS Salisbury Md DATE SIGNED 10-8-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)
DATE THEREOF 10-9-55
NAME OF CEMETERY OR CREMATORY Wharton Memorial
LOCATION (City, town, or county) (State) Parksley, Va

DATE REC'D BY LOCAL REGISTRAR 10-8-55
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Wharton & Savage
ADDRESS New Church, Va

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **[redacted] hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10291

CERTIFICATE OF DEATH

10283

Reg. Dist. No. 336

1. PLACE OF DEATH

COUNTY Wicomico — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Delmar — LENGTH OF STAY (in this place) 20 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 210 Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Wicomico

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Delmar X

STREET ADDRESS (If rural give location) 210 Maryland Ave,

3. NAME OF DECEASED (Type or Print) (First) Anna (Middle) Agnes (Last) Tamosaitis

4. DATE OF DEATH (Month) Oct. (Day) 13 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov.3, 1911

9. AGE last birthday: 43 yrs.

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Mass.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Yankas

14. MOTHER'S MAIDEN NAME: Marian Garratt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) ----------

16. SOCIAL SECURITY NO.: 221-16-0028

17. INFORMANT & ADDRESS: Marian Stokes, Delmar, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

580X IMMEDIATE CAUSE (A) Subacute yellow atrophy of the liver — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) — DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1955, to October 13, 1955, that I last saw the deceased alive on October 13, 1955, and that death occurred at 4 50 P.M. from the causes and on the date stated above.

SIGNATURE [signature] M.D. — ADDRESS (Street, city, town, state) 303 East Street, Delmar Md. — DATE SIGNED 10-14-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 10-17-55

NAME OF CEMETERY ~~OR CREMATORY~~: Mt Olive

LOCATION (City, town, or county) (State): Delmar, Delaware

24. REC'D BY REGISTRAR — DATE Oct. 18, 1955 — REGISTRAR'S SIGNATURE Harry E. Hudson

25. FUNERAL DIRECTOR'S SIGNATURE [signature] — ADDRESS Delmar, Del

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 72 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

V5 A15C 1-55 10M

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10265

CERTIFICATE OF DEATH

10284

Reg. Dist. No.....

1. PLACE OF DEATH

COUNTY Wicomico — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 Salisbury

LENGTH OF STAY (in this place) 2 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS 82 Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Wicomico

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Delmar

STREET ADDRESS (If rural give location) 402 East Street

3. NAME OF DECEASED (Type or Print) (First) Martha (Middle) Jane (Last) Thawley

4. DATE OF DEATH (Month) Oct. (Day) 16 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 27, 1881

9. AGE last birthday: 74 yrs.

IF UNDER 1 YEAR: Months ___ Days ___

IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Levin Moore

14. MOTHER'S MAIDEN NAME: Gordy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) ----------

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Frank Thawley, Delmar, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....M, from the causes and on the date stated above.

SIGNATURE: Willer R. Ellis Jr. M.D. — ADDRESS (Street, city, town, state): Salisbury, Md. — DATE SIGNED: 10-18-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 10-19-55

NAME OF CEMETERY OR CREMATORY: Melsons

LOCATION (City, town, or county) (State): Delmar, Md.

24. REC'D BY REGISTRAR — DATE: OCT 19 1955

REGISTRAR'S SIGNATURE: Mary H. Galloway

25. FUNERAL DIRECTOR'S SIGNATURE: W. S. Morris Co. — ADDRESS: Delmar, Del

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within [redacted] hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10266

CERTIFICATE OF DEATH

10285

Reg. Dist. No. 332

1. PLACE OF DEATH

COUNTY: Wicomico — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Salisbury, Maryland — LENGTH OF STAY (in this place): 2yr. 5mo. 19 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Talbot

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Trappe, Maryland — 20X-2

STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Helen (Middle) Virginia (Last) Towers

4. DATE OF DEATH (Month) Oct. (Day) 2 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Aug. 11, 1891

9. AGE last birthday: 64 yrs.

IF UNDER 1 YEAR: Months — Days

IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Practical Nurse

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William A. Gambrill

14. MOTHER'S MAIDEN NAME: Annie V. Ornett

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.): unk — (If Yes, give war or dates of service):

16. SOCIAL SECURITY NO.: unk

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

446X IMMEDIATE CAUSE (A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 7 days

DUE TO

ANTECEDENT CAUSE(S) (B) Intercapillary glomerulosclerosis — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO

(C)

(260X)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Hypertensive cardiovascular disease — 3 yrs; Diabetes Mellitus — 4 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.):

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 13, 19 53, to Oct. 2, 19 55, that I last saw the deceased alive on Oct. 2, 19 55, and that death occurred at 8:15 P.M. from the causes and on the date stated above.

SIGNATURE: [illegible] M.D. — ADDRESS (Street, city, town, state): Salisbury, Maryland — DATE SIGNED: 10/3/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): [illegible] — DATE THEREOF: Oct 6 55 — NAME OF CEMETERY OR CREMATORY: [illegible] Hill — LOCATION (City, town, or county): Easton (State): Md

24. REC'D BY REGISTRAR — DATE: 10-18-55 — REGISTRAR'S SIGNATURE: Mary W. McGlonray

25. FUNERAL DIRECTOR'S SIGNATURE: [illegible] — ADDRESS: Easton Md

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within [redacted] hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10267

CERTIFICATE OF DEATH

10286

Dr. Carrie Hearn

Reg. Dist. No.

1. PLACE OF DEATH

COUNTY: Wicomico — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Salisbury — LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peh. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Wicomico

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Salisbury

STREET ADDRESS (If rural give location): 905 Hanover St.

3. NAME OF DECEASED (Type or Print): (First) MATILDA (Middle) S (Last) TRADER

4. DATE OF DEATH (Month) OCT. (Day) 17th (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 14, 1871

9. AGE last birthday: 84 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Belfast Ireland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James McClosky

14. MOTHER'S MAIDEN NAME: Unk

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mr. Ralph Williams-Lloyd & Hanson St. Salisbury, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A): 331 X Right Cerebral Hemorrhage

DUE TO (B): ~~Arteriosclerosis~~ + Hypertension

DUE TO (C): arteriosclerosis +

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 8, 19 55, to Oct 17, 19 55, that I last saw the deceased alive on Oct 17, 19 55, and that death occurred at 5:35 A.M. from the causes and on the date stated above.

SIGNATURE: Mrs Carrie Hearn M.D. — ADDRESS (Street, city, town, state): West Church St. Salisbury, Maryland — DATE SIGNED: Oct. 18 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: Oct. 19, 1955 — NAME OF CEMETERY OR CREMATORY: Parsons Cemetery — LOCATION (City, town, or county) (State): Salisbury, Maryland

24. REC'D BY REGISTRAR — DATE: OCT 19 1955 — REGISTRAR'S SIGNATURE: Mary H. Galloway

25. FUNERAL DIRECTOR'S SIGNATURE: HOLLOWAY & COMPANY — ADDRESS: SALISBURY MARYLAND

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 72 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10268

CERTIFICATE OF DEATH

10287

Reg. Dist. No.

1. PLACE OF DEATH

COUNTY: Wicomico — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Salisbury — LENGTH OF STAY (in this place): 5 Yrs.

12

HOSPITAL OR INSTITUTION OR STREET ADDRESS: At home - 514 Delaware Ave.

00

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Wicomico

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Salisbury — 12

STREET ADDRESS (If rural give location): 514 Delaware Ave. — 1

3. NAME OF DECEASED (Type or Print): (First) Laura (Middle) Jones (Last) Tull

4. DATE OF DEATH (Month) 10 (Day) 20 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: A.A.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 1879

9. AGE last birthday: 76 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Factory

11. BIRTHPLACE (State or foreign country): Allen, Wicomico Co., Md.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Nutter

14. MOTHER'S MAIDEN NAME: Ellen _____ Nutter

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Norris Jones, 514 Del. St. Salisbury, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE (A) Arteriosclerotic Heart Disease — 9 months

DUE TO

ANTECEDENT CAUSE(S) (B) Arteriosclerosis — Indefinite

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 Feb, 19 55, to 20 Oct 19 55, that I last saw the deceased alive on 20 Oct, 19 55, and that death occurred at 6:00 A.M. from the causes and on the date stated above.

SIGNATURE: F Purnell, M.D. — ADDRESS (Street, city, town, state): 652 Woman — Salisbury Md — DATE SIGNED: 22 Oct 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 10-23-55 — NAME OF CEMETERY OR CREMATORY: Mt. Vernon Cemetery — LOCATION (City, town, or county) (State): Mt. Vernon, Somerset Co. Md.

24. REC'D BY REGISTRAR — DATE: OCT 25 1955 — REGISTRAR'S SIGNATURE: Mary H. Holloway

25. FUNERAL DIRECTOR'S SIGNATURE: Mary A. Stewart — ADDRESS: 324 E. Church Street, Salisbury, Maryland

Da. Long

10269 Items 8,9, FilmG188 11-1-55 et

10288

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place)
12
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital
82

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Hill 19X-2
STREET ADDRESS (If rural give location) Box 44

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Waters (Last)

4. DATE OF DEATH: (Month) October (Day) 9 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 10-1889
9. AGE last birthday: 58 66 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seafood
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Upperhill
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Robert Waters
14. MOTHER'S MAIDEN NAME: Aurelia Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 212-16-1750
17. INFORMANT & ADDRESS: Mrs. Maude Waters, Upperhill, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

151 X

IMMEDIATE CAUSE (A) Carcinoma of Stomach c 2 wks.

ANTECEDENT CAUSE (S) DUE TO perforation.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION: Abscess of upper peritoneal cavity.
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 8 12 A M, from the causes and on the date stated above.

SIGNATURE William H. Fitchett Jr. M.D. ADDRESS Salisbury Md. DATE SIGNED 10-11-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Oct 12-1955
NAME OF CEMETERY OR CREMATORY Centennial
LOCATION (City, town, or county) (State) Fairmount Somerset Co Md

DATE REC'D BY LOCAL REGISTRAR 10-11-55
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Charles H. Ward
ADDRESS Marion Sta. Md.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within [redacted] hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10292

CERTIFICATE OF DEATH

10289

Reg. Dist. No.

1. PLACE OF DEATH

COUNTY Wicomico MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Fruitland

LENGTH OF STAY (in this place) 35 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Wicomico

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fruitland X

STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED (Type or Print) (First) ANNIE (Middle) BANKS (Last) WATSON

4. DATE OF DEATH (Month) 10 (Day) 31 (Year) 19 55

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Jan. 9, 1888

9. AGE last birthday 67 yrs.

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas L. Banks

14. MOTHER'S MAIDEN NAME Virginia Murray

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 218-20-5442

17. INFORMANT & ADDRESS B. Franklin Watson ------Same

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 hrs

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1953, 19, to 10-31, 19 55 that I last saw the deceased alive on 10-31, 19 55, and that death occurred at 10:50 P.M. from the causes and on the date stated above.

SIGNATURE Lu L Lawry M.D. ADDRESS (Street, city, town, state) Fruitland Md DATE SIGNED 11-1-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 11/3/1955

NAME OF CEMETERY OR CREMATORY St. John's Cemetery

LOCATION (City, town, or county) (State) Fruitland, Maryland

24. REC'D BY REGISTRAR DATE NOV 7 1955

REGISTRAR'S SIGNATURE Mary H. Galloway

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS The Hill & Johnson Co. Salisbury, Md.

George C. Hill

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within [illegible] hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this death certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10270

CERTIFICATE OF DEATH

10290

Reg. Dist. No.

1. PLACE OF DEATH

COUNTY Wicomico — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 Salisbury — LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Spring Hill - Pvt. Sani.

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Virginia — COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chincoteague 83x-3

STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) (Last) White

4. DATE OF DEATH (Month) Oct. (Day) 3 (Year) 1955

5. SEX F

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH June 6, 1864

9. AGE last birthday 91 yrs.

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Fordletree md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Thomas Sturgis

14. MOTHER'S MAIDEN NAME Elizabeth Jane Telghman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS Mrs Vesta Howard Chincoteague

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X IMMEDIATE CAUSE (A) Cardio-vascular renal disease — INTERVAL BETWEEN ONSET AND DEATH

DUE TO (B)

DUE TO (C)

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/6, 1955, to 10/3, 1955, that I last saw the deceased alive on 10-1, 1955, and that death occurred at 3 A.M. from the causes and on the date stated above.

SIGNATURE Phelps A. Fooks M.D. — ADDRESS (Street, city, town, state) Salisbury Md — DATE SIGNED 10-3-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF — NAME OF CEMETERY OR CREMATORY Memorial Park — LOCATION (City, town, or county) (State) Va

24. REC'D BY REGISTRAR DATE 10-7-55 — REGISTRAR'S SIGNATURE Mary W. Holloway

25. FUNERAL DIRECTOR'S SIGNATURE Wesley M Clark — ADDRESS Chincoteague Va

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within [redacted] hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10271

CERTIFICATE OF DEATH

10291

Reg. Dist. No.

1. PLACE OF DEATH

COUNTY Wicomico — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 Salisbury — LENGTH OF STAY (in this place) 4 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS 91 Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland — COUNTY Baltimore City

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore — 3V01-4

STREET ADDRESS (If rural give location) 262 W. Biddle Street

3. NAME OF DECEASED (Type or Print) (First) Joshua (Middle) (Last) White

4. DATE OF DEATH (Month) Oct. (Day) 13 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 3/20/1881

9. AGE last birthday: 74 yrs.

IF UNDER 1 YEAR: Months — Days

IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: -- --

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John White

14. MOTHER'S MAIDEN NAME: Anna White

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0 IMMEDIATE CAUSE (A) Arteriosclerotic heart disease with aortic insufficiency — ?

ANTECEDENT CAUSE(S) DUE TO (B) Arteriosclerosis - general — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Residual right hemiplegia due to an old cerebral thrombosis — 6 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 14, 1951, to Oct. 13, 1955, that I last saw the deceased alive on Oct. 13, 1955, and that death occurred at 5:45 A.M, from the causes and on the date stated above.

SIGNATURE: L V Juerman — V. Juerman, M.D. M.D.

ADDRESS (Street, city, town, state): Deer's Head State Hospital, Salisbury, Maryland

DATE SIGNED: 10/13/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 10-23-55 — NAME OF CEMETERY OR CREMATORY: Westlake Cem. — LOCATION (City, town, or county) (State): Parsonsburg, Md.

24. REC'D BY REGISTRAR — DATE: OCT 25 1955

REGISTRAR'S SIGNATURE: Mary H. Holloway

25. FUNERAL DIRECTOR'S SIGNATURE: Booker T. Mont — ADDRESS

Dr. Royer, Earl (Med Exam.)

10292

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. 332

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH: 10272
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Salisbury
LENGTH OF STAY (in this place) Dda
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pen. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) R.D. # 5 (Quantico Road)

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) CANNON (Last) WHITE

4. DATE OF DEATH (Month) October (Day) 6th (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 4th, 1888

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Farming (on Homestead Farm)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Near Snow Hill Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William H. White

14. MOTHER'S MAIDEN NAME: Annie Short

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Ada C. White (Wife) R.D. # 5 Salisbury, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Earl L. Royer M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED Oct. 6 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Oct. 8, 1955

NAME OF CEMETERY OR CREMATORY Methodist Cemetery

LOCATION (City, town, or county) (State) Snow Hill, Maryland

DATE REC'D BY LOCAL REG. 10-7-55

REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR HOLLOWAY & COMPANY ADDRESS SALISBURY MARYLAND

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

10273

10293
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 332

1. PLACE OF DEATH:
COUNTY Wicomico County MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Salisbury
LENGTH OF STAY (in this place) About 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS At home - 327 Poplar Hill Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 327 Poplar Hill Avenue

3. NAME OF DECEASED: (Type or Print) (First) Catherine (Middle) (Cassalena) (Last) Wilson
4. DATE OF DEATH (Month) 10 (Day) 9 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: A.A.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: About 1875
9. AGE last birthday: About 80 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Seamstress
10b. KIND OF BUSINESS OR INDUSTRY: Own business
11. BIRTHPLACE (State or foreign country): Chester, Delaware Co., Pa.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Preston
14. MOTHER'S MAIDEN NAME: Mary Louise Rigby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs. Ella Covington, 417 Edward St. Chester, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Bronchial - pneumonia — INTERVAL BETWEEN ONSET AND DEATH: days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertensive C. V. Disease

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☑ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 10-17-55

23. BURIAL, CREMATION, REMOVAL, (Specify): Burial
DATE THEREOF 10-17-55
NAME OF CEMETERY OR CREMATORY Green Acres Memorial Park
LOCATION (City, town, or county) (State) Salisbury, Wicomico Co. Md.

DATE REC'D BY LOCAL REG. 10-18-55
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Mary A. Stewart
ADDRESS 324 E. Church St. Salisbury, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10294

10274

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place) 6 weeks
12
HOSPITAL OR INSTITUTION OR STREET ADDRESS P.G. Hospital
82

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
19X-2
STREET ADDRESS (If rural give location) R.F.D.3

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) (Last) Windsor

4. DATE OF DEATH: (Month) Oct. (Day) 6 (Year) 1955

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Sept. 24, 1900
9. AGE last birthday 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10B. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Windsor
14. MOTHER'S MAIDEN NAME: Stella Larid

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mr. Paul Windsor Princess Anne, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
181X
IMMEDIATE CAUSE (A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3-4 wks
DUE TO
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) Bilat. Pyelonephritis — 4-5 wks
DUE TO
(C) Carcinoma Bladder — 2 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: Sept 6, 1955
19B. MAJOR FINDINGS OF OPERATION: Sporadic Carcinoma of Bladder
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) M. OF INJURY
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 6, 1955 to Oct 6, 1955 that I last saw the deceased alive on Oct 6, 1955 and that death occurred at 5:30 P.M. from the causes and on the date stated above.

SIGNATURE William B. Long M.D.
ADDRESS Salisbury, Md 226 N. Division St
DATE SIGNED 10/8/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 10-9-1955
NAME OF CEMETERY OR CREMATORY: Oriole Cemetery
LOCATION (City, town, or county) (State): Oriole, Maryland

DATE REC'D BY LOCAL REGISTRAR: 10-8-55
REGISTRAR'S SIGNATURE: Mary W. Holloway
24. FUNERAL DIRECTOR: Lewis R. Wilson
ADDRESS: Princess Anne, Maryland

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10295

10275

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berlin
STREET ADDRESS (If rural give location) 23 x 2

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) (Last) Young

4. DATE OF DEATH (Month) October (Day) 6 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: June 10, 1901
9. AGE last birthday 54 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Steve Young
14. MOTHER'S MAIDEN NAME: Emma Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Hattie Young

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157X

IMMEDIATE CAUSE (A) Carcinoma of Pancreas — INTERVAL BETWEEN ONSET AND DEATH: 6 Mos

DUE TO

ANTECEDENT CAUSE (S) (B) Cardiac Arrest — 21 Hours

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: Oct. 5, 1955
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-28, 1955, to 10/6, 1955, that I last saw the deceased alive on 10/6, 1955, and that death occurred at 11:50 AM, from the causes and on the date stated above.

SIGNATURE John M. Bledsoe III M. D. ADDRESS Salisbury, Md. DATE SIGNED 10/7/1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF 10-9-55 | NAME OF CEMETERY OR CREMATORY Wharton Memorial | LOCATION (City, town, or county) (State) Parksley, Va.

DATE REC'D BY LOCAL REGISTRAR 10-8-55 | REGISTRAR'S SIGNATURE Mary W. Holloway | 24. FUNERAL DIRECTOR Edgar Wharton | ADDRESS New Church

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53